

IDAHO'S  
STATEWIDE SELF-ASSESSMENT  
CHILD AND FAMILY SERVICE  
REVIEW

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# Idaho Statewide Assessment

## SECTION I

### GENERAL INFORMATION

Name of State Agency	
Idaho Department of Health and Welfare Division of Family and Community Services Bureau of Children and Family Services	
Period Under Review	
Federal Fiscal Year for Onsite Review Sample: <b>second half of FY 2002</b> Period of AFCARS Data : <b>4/1/02 - 9/30/02</b> Period of NCANDS Data (or other approved source; please specify alternative data source): <b>4/1/02 - 11/30/02</b>	
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## **IDHW ORGANIZATION STRUCTURE**

The Idaho Department of Health and Welfare (IDHW) is under the leadership of a Director, appointed by the Governor. A seven-member Board of Health and Welfare advises the Director.

IDHW is an umbrella human services agency. Services are organized under seven divisions. Each division provides services or partners with other agencies and groups to provide these services to Idaho communities. These seven divisions are:

- Health
- Information and Technology
- Human Resources
- Medicaid
- Welfare
- Management Services
- **Family and Community Services**

Services provided by IDHW are very diverse. They range from Emergency Medical Services to food stamps....from inspection of nursing care facilities to finding permanent homes for children in state custody. The IDHW operates two state psychiatric hospitals, State Hospital North at Orofino, Idaho, and State Hospital South at Blackfoot, Idaho. It also operates the Idaho State School and Hospital located in Nampa, Idaho, which serves children and adults with severe developmental disabilities.

### **IDHW MISSION**

**To actively promote and protect the economic, mental and physical health as well as the safety of all Idahoans.**

### **IDHW VISION**

**Provide leadership for development and implementation of a sustainable, integrated health and human services system.**

### **IDHW VALUES**

**Integrity, customer service and quality are the foundation for all Department activities. A focus on these values will make us successful.**

The Division of Family and Community Services directs the state's social service programs. The Division's organizational chart can be found at the end of this section. Programs within the Division include:

- Child protection, adoptions, and foster care
- Children's mental health
- Adult mental health
- Screening and early intervention for infants and toddlers
- Substance abuse
- Services for persons with developmental disabilities
- Two state psychiatric hospitals and one state facility for children and adults with severe disabilities

The Bureau of Children and Family Services (CFS) is located within the Division of Family and Community Services (FACS). The Division of FACS oversees, directs, and provides supervision of regional Child Protection, Adoption, Foster Care and Children's Mental Health programs. The primary roles of the Bureau staff are to:

- Develop, maintain, and report to federal and state funding sources;
- Provide training and technical assistance; and
- Develop policy and rule.

## **REGIONAL ORGANIZATION STRUCTURE**

Children and Family Services (CFS) are delivered locally in each of seven geographic regions. (See Figure I.1, page 12). All direct services are provided through this regional service delivery system with each region responding to a specific catchment area.

In 1975, IDHW implemented a regionalized service delivery system. Each region had its own Regional Director who reported to the IDHW Director and program managers who reported to the Regional Director. This structure supported regions exercising considerable autonomy. Recently, the IDHW Director, as outlined in the IDHW 2002-2006 Strategic Plan, has implemented realignment between the Central Office and Regions. With customer service, core services, and consistent program implementation as the guiding principles, realignment has taken regional directors out of local authority roles and given Central Office the responsibility and accountability for regional direction, setting of practice, quality improvement, and decision making.

Currently, each region has a Children and Family Services Program Manager. The program manager reports to a Deputy Division Administrator over program operations. Each region has two chiefs of social work, or an equivalent position, with one chief specializing in child protection and the other specializing in children's mental health. The primary role of the chiefs is to assure that practice is consistent with the goals and values of Children and Family Services. These chiefs have different job duties in each region, but they all report to the regional program manager. There is also some variation in how regional work units are organized and specialized. This has been done to accommodate differences in service area characteristics including work load. All individuals assigned to a particular work unit are supervised by that unit's Clinical or Human Services Supervisor.

There are currently seven regional offices typically located in the largest city in each region. An additional 21 field offices are located throughout the regions, most often in much smaller communities. Of these 21 field offices, 11 have 4 or fewer staff. The majority of services are located in the vicinity of the service center. A regional field office can be as much as a two hour drive, one-way, from the regional service center. In the winter months, some communities are very difficult to access. A map (Figure I.1) showing Idaho's 44 counties, 7 regions, and six Indian Tribes within Idaho state boundaries can be found on page 12.

A unique feature of Idaho's Children and Family Services is the integration of children's mental health services. Prior to 1989, Children's Mental Health was organizationally joined with Adult Mental Health. The Jeff D. vs. Andrus lawsuit, filed in 1980, focused much attention on children's mental health services. The IDHW's philosophy is that all children's services, including children's mental health services, are best provided through an integrated child and family services program which is family-centered in its practice orientation.

The Children's Mental Health Program's priority service population is children with serious emotional disturbance (SED) and their families. This population includes children already in state custody under child protection, but also a large population of children who do not enter through the agency's child protection door and even more children who are in need of services, but do not meet the criteria of SED. Children who do not meet the SED criteria are referred to community resources. Communities frequently have mental health providers who accept Medicaid. The children's mental health program also partners with communities to develop mental health resources for all children and families and often consults with schools, community groups and other child serving agencies to identify appropriate resources for those children that are not SED.

SED is defined as having a diagnosed mental health disorder, functional impairment as measured by the Child and Adolescent Functional Assessment Scale (CAFAS), and that the condition requires sustained treatment. Idaho's system of care emphasizes family involvement, cultural competence, and cross-system collaboration. The Children's Mental Health (CMH) program is integrated with Child Protective Services forming the Children and Family Services program. CMH serves both children in state custody under child protection and other children not in child protective custody. The funds dedicated to children's mental health can only be used for children with SED, regardless of their presenting issue. Children's mental health clinicians are encouraged to team or work collaboratively with child protection workers to best meet a child's mental health needs, even if a specific child does not meet the definition of the program target population.

## **IDHW CORE CHILD WELFARE SERVICES**

CFS provides the following state and federally mandated core child welfare services:\*

\* Excerpted from IDAPA 16.06.01 Rules Governing Family and Children's Services

- **Crisis Services.** Crisis Services are an immediate response to assure safety when a child is believed to be in imminent danger as a result of child abuse or neglect or to be in imminent danger of causing life-threatening harm to self or someone else due to a serious emotional disturbance. Crisis services require immediate access to services, twenty-four (24) hours per day, seven (7) days per week to assess risk and place in alternate care, if necessary, to assure safety for the child.
- **Service Management.** Also referred to as **case management**. The goals of service management are to assure and coordinate family assessment, service planning, treatment and other services, protection of children, planning for permanency, advocacy, review and reassessment, documentation and timely closure of cases.
- **Screening Services.** Initial contact with families and children to gather information to determine whether or not the child meets eligibility criteria to receive services as a member of the target population for Child Protection, Adoptions, or Children's Mental Health Services. When eligibility criteria is not met for Department mandated services, appropriate community referrals are made.
- **Assessment and Safety/Service Planning Services.** Process in which the safety issues, the family's concerns, strengths, and resources are identified. Based on this assessment, a written plan is developed together by the worker, the family and other interested parties. Each plan will identify a long-term goal, behaviorally specific and measurable objectives, specific tasks which identify who, how, and when the tasks will be completed.
- **Preventative Services.** Community-based services which support children and families and are designed to reduce the risk of child abuse and neglect as well as serious emotional disturbance. These services can involve direct services, but are primarily implemented through community education, and partnerships with other community agencies such as schools and courts.
- **Court Ordered Services.** These services primarily involve court-ordered investigations/assessments of situations where children are believed to be at risk due to child abuse, neglect, or where the children are at risk of harming themselves or others due to the presence of a serious emotional disturbance.
- **Alternate Care (Placement) Services.** Temporary living arrangements outside of the family home for children and youth who are victims of child abuse or neglect or children and youth with a serious emotional disturbance. These out of home placements are arranged for and financed in full or in part by the Department. Alternate care is initiated through either a court order or voluntarily through an out-of-home placement agreement. Payment shall be made on behalf of a child placed in the licensed home of an individual or relative, a public or private child care institution, a home that is licensed, approved or specified by an Indian child's tribe, or in a state-licensed public child care institution accommodating no more than twenty-five (25) children. Payments may be made to individuals or to a public or private child placement or child care agency.
- **Community Treatment Services.** Services provided to a child and family in a community-based setting which are designed to increase the strengths and abilities of the child and family and to preserve the family whenever possible. Services include, but are not limited to: respite care, family preservation, psychosocial rehabilitative services, companion services and day treatment.
- **Interstate Compact on Out-of-State Placements.** Where necessary to encourage all possible positive contacts with family, including extended family, placement with family members or others

who are outside the state of Idaho shall be considered. On very rare occasion the Department may contract with a residential facility out of state if it best serves the needs of the child and is at a comparable cost to facilities within Idaho. When out-of- state placement is considered in the permanency planning for a child, such placement shall be coordinated with the respective interstate compact administrator according to the provisions of Section 16-2101 et seq., Idaho Code, the “Interstate Compact on the Placement of Children” and Section 66-1201 et seq., Idaho Code, the “Interstate Compact on Mental Health.” Placements shall be in compliance with all state and federal laws.

- **Independent Living.** The assessment, planning, and provision of services to eligible youth to promote self-reliance and successful transition to adulthood. Eligibility requirements for Independent Living services include: youth must be between fifteen (15) and twenty-one (21) years of age; youth’s care must be the responsibility of the Department or tribal agency as established by a court order or voluntary agreement with the youth’s family; and placed in foster care or a similar setting for ninety (90) consecutive days. Once established, a youth’s eligibility is maintained up to their twenty-first birthday, regardless of whether they continue to be the responsibility of the Department, tribe, or are in foster care.
- **Adoption Services.** Department services designed to promote and support the permanency of children with special needs through adoption. This involves the legal and permanent transfer of all parental rights and responsibilities to the family assessed as the most suitable to meet the needs of the individual child. Adoption services also seek to build the community’s capacity to deliver adoptive services.
- **Administrative Services.** Regulatory activities and services which assist the Department in meeting the goals of safety, permanency, health and well-being for children and families. These services include but are not limited to:
  - Child care licensing;
  - Day care licensing;
  - Community development;
  - Contract development and monitoring; and
  - Pre-authorization of services.

All children and family services are provided either directly by regional staff or through contracts with community providers. None of CFS’s primary functions such as foster care, adoption, foster home licensing or case management have been privatized.

The IDHW Division of Family and Community Services administers substance abuse services. There are IDHW contracts in place for substance abuse prevention, treatment services, and care management. IDHW, in partnership with Regional Substance Abuse Authorities (RSAA), consisting of stakeholders and local community representatives, sets priorities and standards, monitors contracts, and provides system leadership and technical assistance. Currently, youth treatment services include residential and outpatient with an emphasis on family involvement. Prevention strategies include information dissemination, education, drug free activities, screening, community coalition building, and changes in law and rule.



## LEGAL STRUCTURE

The Child Protective Act (Idaho Code 16-1601) governs Idaho's response to children believed to be the victims of child abuse, neglect or abandonment. The Child Protective Act affirms the importance of family unity and privacy, but also recognizes that child safety is paramount. The intent of the act is to provide services to a child and family in their own home and community whenever it is safe to do so. Only children who cannot be made safe in their own homes are to be removed from their home and placed in an alternate setting.

Under Idaho law all citizens are mandated reporters when a person has reason to believe that a child is being abused, neglected or has been abandoned. There is an exemption for clergy who gain this information in the protection of a "confessional" relationship. Malicious reporting is a misdemeanor.

Idaho Code also requires multidisciplinary teams be formed in all counties and headed by the County Prosecuting Attorney. These multidisciplinary teams (MDT's) review child protection cases and make recommendations for legal actions and case specific actions by agencies represented on the MDT.

There are three ways a judge may place a child into IDHW custody under the Child Protective Act.

1. The most common method is for law enforcement to declare a child in imminent danger and place the child in protective custody. A shelter care hearing is held within 48 hours of a child's removal from their home or 24 hours if it is the perpetrator who is removed from the home. It is at the shelter care hearing that IDHW may be awarded temporary custody of the child pending an adjudicatory hearing .
2. A second method is for IDHW to petition the court to consider placing a child into protective custody through an Endorsement Upon A Summons. In this case, the judge orders the child to be placed into IDHW custody and a declaration of imminent danger is not required. However, law enforcement officers are usually present to facilitate the removal process.
3. A third method is a "Rule 16 expansion" in which the court expands a juvenile corrections or juvenile probation case into a child protection case. The result is often a dual commitment under the Juvenile Corrections Act and the Child Protective Act. A declaration of imminent danger is not required.

### **Reviews and Hearings**

A pre-trial conference is held outside the presence of the court within 3 to 5 days before the adjudicatory hearing.

The adjudicatory hearing must be held within 30 days of the shelter care hearing to review all the evidence of the case. The judge may decide to place a child back home under the protective supervision of the IDHW or award permanent legal custody of the child to a relative or to

IDHW. Custody is awarded until the youth turns age 18 unless vacated by the court before that time.

A planning hearing is held by the court not later than 60 days from the date the child was removed from the home to review the family's case plan per Idaho Code.

Six-month reviews are conducted by the court every six months per Idaho Code.

Permanency hearings are conducted by the court 12 months from the date the child was removed from their home.

### **Legal Representation**

Each region is also served by a Deputy Attorney General (DAG) assigned to that region by the Office of the Attorney General. The regional DAG serves all regional programs in addition to Children and Family Services, including Welfare and Child Support. The regional DAG is also the attorney representing IDHW in regional administrative hearings. Child protection matters generally take a disproportionate amount of a DAG's time and require a good deal of expertise.

In child protection matters that come before the court, the office of the prosecuting attorney represents the interests of the State of Idaho. From time to time, CFS workers find themselves in court with a prosecuting attorney who does not support the position or recommendation of IDHW/CFS. Technically, CFS is not a client of the prosecuting attorney. According to Idaho Code 67-1401-1409, "No department.....or other state entity shall be represented by or obtain its legal advice from an attorney at law other than the attorney general except....."Regions have relied on their DAG to work with the prosecuting attorney outside of court to resolve any conflicts informally. The system was not resourced with the intent of the DAG representing CFS in court on child protection matters.

In a minority of jurisdictions, IDHW/CFS is viewed by the court and prosecuting attorney as witnesses for the prosecution or as a service provider, not a party to the child protection action. Currently, the DAG in one region represents the IDHW/CFS in child protection matters from the point of the adjudicatory hearing until case closure. In two regions, the DAG represents IDHW/CFS and files petitions for the termination of parental rights. These cases are also followed through to closure. Priorities and needs differ from region to region. Overall, routine representation by DAGs of IDHW/CFS before the court in child protection matters is not feasible in most regions.

In Idaho, Magistrate Judges preside over family court matters including child protection, juvenile corrections, children's mental health, and adoption. There may be only one judge in the county to hear all civil and criminal cases. Additionally, some smaller counties may have a part-time prosecutor while others may share a prosecutor.

Idaho has active Guardian Ad Litem (GAL) and Court Appointed Special Advocate (CASA) programs that represent the interests of child abuse, neglect, and abandonment victims. In some areas of the state there are just not enough CASA or GAL volunteers to appoint one to each child

protection case. In those jurisdictions where an advocate is not available, the court is required, by Idaho law, to appoint an attorney to represent the child.

Some children are in the custody of IDHW through a voluntary out-of-home placement agreement under either the Child Protective Act or the Children's Mental Health Services Act. These children are afforded the same protections and safeguards of any other child in foster care. For purposes of the CFSR, any child placed in voluntary out-of-home care under the Children Mental Health Services Act or the Child Protective Act are included in the pool of out-of-home cases from which the review sample is drawn.

## COMMUNITY PARTNERSHIPS

A Children and Family Service modified eco-map is included in Figure I.2 and I.2a-f, at the end of Section I to represent some of the agencies, individuals, and other community entities with which Children and Family Services has a partnership. A brief description of each partner is provided to assist the reader in understanding how these agencies and individuals work with Children and Family Services at both the central office and the regional level.

Since 1994, public participation has been used to gather input regarding IDHW rule and policy development. Additionally, IDHW has participated in negotiated rulemaking to promote maximum involvement by citizens on how IDHW's business should be conducted. There have been a variety of benefits from public participation including a more knowledgeable citizenry, satisfaction of having the opportunity to participate, increased trust, and more informed rule and policy making.

IDHW's focus on customer service as one of its top goals has also improved our relationships with our community partners.

Idaho is home to six Native American Tribes. Part or all of the reservations of five of these tribes are within Idaho's borders. The five tribes are the Coeur d'Alene Tribe, the Kootenai Tribe, the Shoshone-Paiute Tribes, the Nez Perce Tribe, and the Shoshone-Bannock Tribes. The Northwestern Band of the Shoshoni Nation has its headquarters in Pocatello, Idaho, but has no reservation land in Idaho. A map showing the location of tribes within Idaho can be found at Figure I.1 page 12. While Idaho is a state with concurrent jurisdiction by virtue of P.L. 280, the Indian Child Welfare Act authorizes tribes to acquire exclusive jurisdiction over Indian children.

## STATE DEMOGRAPHICS

### **Population Density:**

Idaho is predominantly a rural state. The state population in 2000 was 1,293,953, and it is ranked 39th in the nation for population. Idaho occupies a total land and water area of 83,574 square miles and is ranked as the 13th largest state. Idaho has a diverse geology and biology, containing large areas of alpine mountainous regions, vast desert plains, farmland valleys, and deep canyons and gorges. Many areas of the state have few or no roads. Out of a total of 44

counties, only three comprise Idaho's two Metropolitan Statistical Areas (MSA) as defined by the Federal Office of Management and Budget. The MSA's are: (1) Bannock County/Pocatello; and (2) Ada and Canyon Counties/ Boise and Nampa. The remaining counties are classified as rural (at least 6 people per square mile) or frontier (less than 6 people per square mile). Thirty-six percent of Idaho's population resides in these rural and frontier counties. Sixteen of Idaho's counties are considered frontier. These frontier areas comprise 59% of Idaho's total land area. Two-thirds of Idaho's landmass contains a combination of state and federal public lands.

The delivery of services in rural and frontier environments poses many challenges. Foremost among these are:

- (1) Low population densities spread across immense geographic distances;
- (2) Limited access to experienced/knowledgeable service providers;
- (3) Disproportionate levels of poverty; and
- (4) Local units of government (cities and counties) typically lack sufficient resources to meet community needs. IDHW - Children and Family Services provides most social services using a combination of federal and state funds.

In low population density areas of the state it is important to maintain resource flexibility and creativity while being as responsive as possible to individual, family and community needs. Individualizing the response to the child and family, based on any and all the resources available becomes even more critical to achieve positive outcomes.

### **Population Growth**

According to the US Census 2000, Idaho's population was 1,293,953. This represents a 28.5% increase since 1990. Idaho has the 5<sup>th</sup> highest growth rate in the nation. Three-fourths of the population growth has occurred in primarily urban areas, notably the counties of Ada (southwest Idaho), Canyon (southwest Idaho), and Kootenai (north Idaho). Based on 1990 US Census data, youth under the age of 18 years were 30.6% of Idaho's population. By 2000, Idaho had an estimated increase in youth population of 20%; however, the youth percentage of total population had fallen a couple of percentage points to 28.5%.

### **Economy**

Historically, Idaho has had a strong and diverse economy. While the traditional resource-based industries of agriculture, forest-products and mining continue to contribute to the economy, high-tech, tourism, retail trade, and healthcare have been among Idaho's growth sectors. Employment growth continues at a slower rate than in the 1990s, but still higher than the national average. Persons living in poverty are estimated to be 11.8%. According to Idaho Kids Count, 21% percent of Idaho children live in poverty compared to a national rate of 19%. Between 1979 and 1998, the child poverty rate in Idaho has increased 49% compared to a national increase of 15%. Welfare Reform began in 1996. Between August 1996 and September 2001, Idaho had the second highest percentage change in AFDC/TANF families and recipients. AFDC/TANF families dropped by 85.1% and AFDC/TANF recipients dropped by 89.8%. The only state with

higher percentage decreases was Wyoming. Idaho was able to redirect significant portions of TANF funding to child abuse and neglect prevention activities as well as emergency assistance.

State budget deficits have risen dramatically during 2001-2002. The state budget has gone from having a large "rainy day" fund in 2000-2001, to dramatic revenue shortfalls requiring across the board cuts in state government. No state agency has been spared including reductions in the state education budget. Specifically, the Department of Health and Welfare has experienced two holdbacks in the State FY 2002 budget. Those holdbacks amounted to a combined \$10.7 million in state general funds. With the federal matching funds included, IDHW cuts totaled \$28.6 million. With each successive holdback it becomes more difficult to protect direct services and staff from being impacted. These cuts have been determined to be permanent.

### **Ethnic Composition**

According to U.S. Census Data 2000, Table I.1 below shows the racial/ethnic breakdown of Idaho's population.

**Table I.1 - Idaho population figures from U.S. Census Bureau**

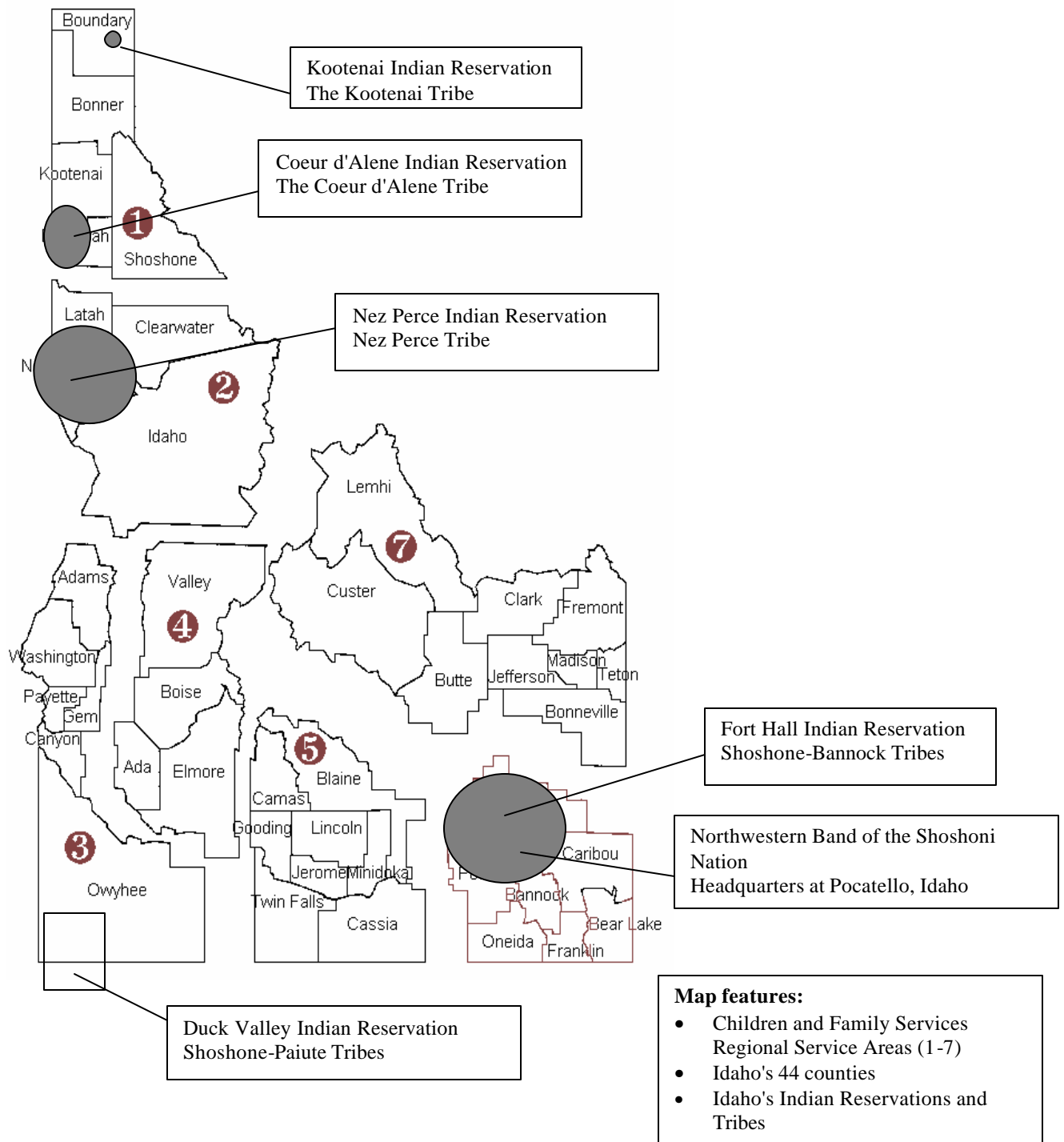
<b>Total Population</b>	<b>1,293,953</b>	<b>100 %</b>
Hispanic or Latino (of any race)	101,690	7.9 %
Not Hispanic or Latino	1,192,263	92.1 %
One race	1,174,002	90.7 %
White	1,139,291	88.0 %
Black or African-American	4,889	0.4 %
American Indian and Alaska Native	15,789	1.2 %
Asian	11,641	0.9 %
Native Hawaiian and Other Pacific Islander	1,200	0.1 %
Some other race	1,192	0.1 %
Two or more races	18,261	1.4 %

Hispanic and Not Hispanic = 100%

Hispanic, One race, two or more races = 100%

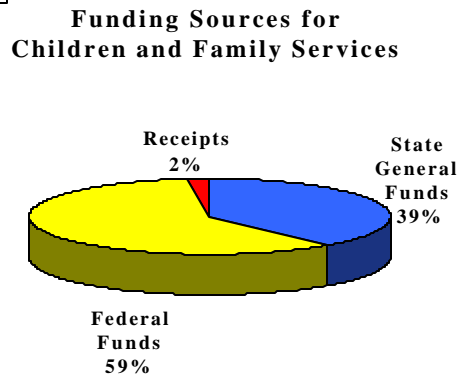
Idaho's largest ethnic group, representing 7.9% of the state's total population, is persons of Hispanic or Latino heritage. Regions III and V in southwest and south central Idaho contain the predominant concentrations of people with Hispanic or Latino heritage. As much as 15% of the total population of these two regions is persons of Hispanic or Latino heritage and culture.

**Figure I.1 Idaho State Map**



## FUNDING

**Figure I.2 - CFS Funding Sources**



### **Federal Funding Sources**

- Child Abuse Prevention and Treatment Act (CAPTA)
- Title IV-E of the Social Security Act, Foster Care Payments (IV-E)
- Children's Justice Act (CJA)
- Title IV-B of the Social Security Act, Child Welfare Services (IV-B)
- Promoting Safe and Stable Families (IV-B part 2)
- Social Services Block Grant (SSBG)
- Mental Health Services Block Grant (CMHS)
- John H. Chafee Foster Care Independent Living Act of 1999 (IL)
- Emergency Assistance (EA) through Temporary Assistance to Needy Families (TANF)

The State FY 2003 budget for Children and Family Services is \$ 55,343,300.

Regional budgets have been determined by a formula. The formula has changed slightly over the years and is based on the youth population and poverty level of the region.

## SNAPSHOT

### Child Abuse and Neglect Contacts by Type

State FY 2001-2002

### IDHW Facts, Figures, and Trends

	# reports	% of total	Idaho % by type	National % by type —
<b>Physical Abuse</b>	2127	(13%).....	30%	19%
<b>Sexual Abuse</b>	633	( 4%).....	9%	10%
<b>Neglect*</b>	4324	(26%).....	<u>61%</u>	63%
			100% (7084)	
<b>Other**</b>	1529	( 9%)		
<b>Information and Referral***</b>	<u>7959</u>	<u>(48%)</u>		
<b>Total</b>	16572	(100%)		

- \* Includes abandonment, third-party referrals, court-ordered investigations, failure to protect or supervise, health hazards and Juvenile Corrections evaluations.
- \*\* Includes homeless families, the School-Based Prevention Program, voluntary service requests and emergency assistance.
- \*\*\* calls from individuals seeking information about children and are frequently referred for services in other divisions or agencies.
- National percentages identify Psychological Maltreatment affects 8% of child victims. Idaho does not have a category for Psychological Maltreatment.

## CASELOAD STANDARDS

Children and Family Services established caseload guidelines in 1994. These guidelines were based on the Child Welfare League of America's (CWLA) published Caseload Standards at that time. The individual case management caseload was set at 15 families, the number recommended by CWLA. Implementation of the Adoption and Safe Families Act (ASFA), concurrent planning, changes in state statutes, and increasing numbers and needs of children in foster care have stretched current resources to capacity. Many of Idaho current caseloads are over the set standards.

Idaho defines a family as a client and the family is counted as one case. The figures in Table I.3 page 18 reflect numbers of families. The average number of children per family is estimated at 2.5. The ages, placement(s), permanent plans, and special needs of all of the children in one family can effectively double a worker's "family" caseload.

Workers in larger offices are frequently assigned specialized areas of responsibility. In many small remote field offices, specialization is not an option. Workers in small offices may carry a combined caseload of risk assessments and case management for child protection, adoptions, and



children's mental health.

A Risk Assessment is required on every referral of child abuse or neglect that falls within the definitions of abuse or neglect in the Idaho Child Protective Act. In some cases that might involve a single visit to the home to assess the level of risk and determine if the referral is substantiated for child abuse or neglect. In other cases, there may be multiple children with special needs who, for safety reasons, are removed from their home and placed in the custody of IDHW. When children are removed from their home, the worker conducting the risk assessment is also responsible for most or all of the following:

- Gathering relevant information about the child and family
- Conducting a family group decision making meeting
- Examining family placement resources
- Conducting a comprehensive family assessment
- Preparing court reports
- Providing case management services for at least 30 days
- Contacting and working with the children's parents and foster parents
- Working with Child Support Services
- Gathering medical information and parental consents for routine medical care
- Completing preliminary case plans including the Alternate Care Plan
- Completing eligibility processes for Medicaid, Title IV-E, etc.
- Making FOCUS data entries
- Referring the child and family for appropriate services

A continuing challenge to managing caseloads is constant organizational change within IDHW and the limited experience of workers as a result of high turnover rates. According to IDHW human resource figures, see Table I.2 page 17, social worker turnover has decreased from 19% in 2000 to 10% in 2002, but the number of social worker positions has also decreased from 264 in 2000 to 255 in 2002. Clinical supervisor positions have also decreased from 51 in 2000 to 44 in 2002. Human service supervisor positions have increased in number from 29 to 31 due largely to reclassification of social worker or clinical supervisor positions. Clinical supervisor positions have also increased in turnover rate. The combined turnover rate for clinical supervisors and human services supervisors totaled 22% in 2002. The high turnover rate for supervisory staff is attributed primarily to retirement. IDHW recognizes the need to mentor leaders within the organization to assure that they have the skills and knowledge to move into supervisory positions.

**Table I.2 Full Time Positions (FTP) and Turnover Rates**

<b>Job Title</b>	<b>Year</b>	<b>FTP</b>	<b>Turnover</b>
<b>Social Worker</b>	1999	264	19 %
	2000		14 %
	2001	255	13 %
	2002		10 %
<b>Clinician*</b> (master's)	1999	161	14 %
	2000		13 %
	2001	184	16 %
	2002		16 %
<b>Clinical Supervisor</b> (master's)	1999	51	8 %
	2000		12 %
	2001	44	7 %
	2002		12 %
<b>Human Services Supervisor</b> (bachelor's)	1999	29	4%
	2000		6%
	2001	31	10%
	2002		

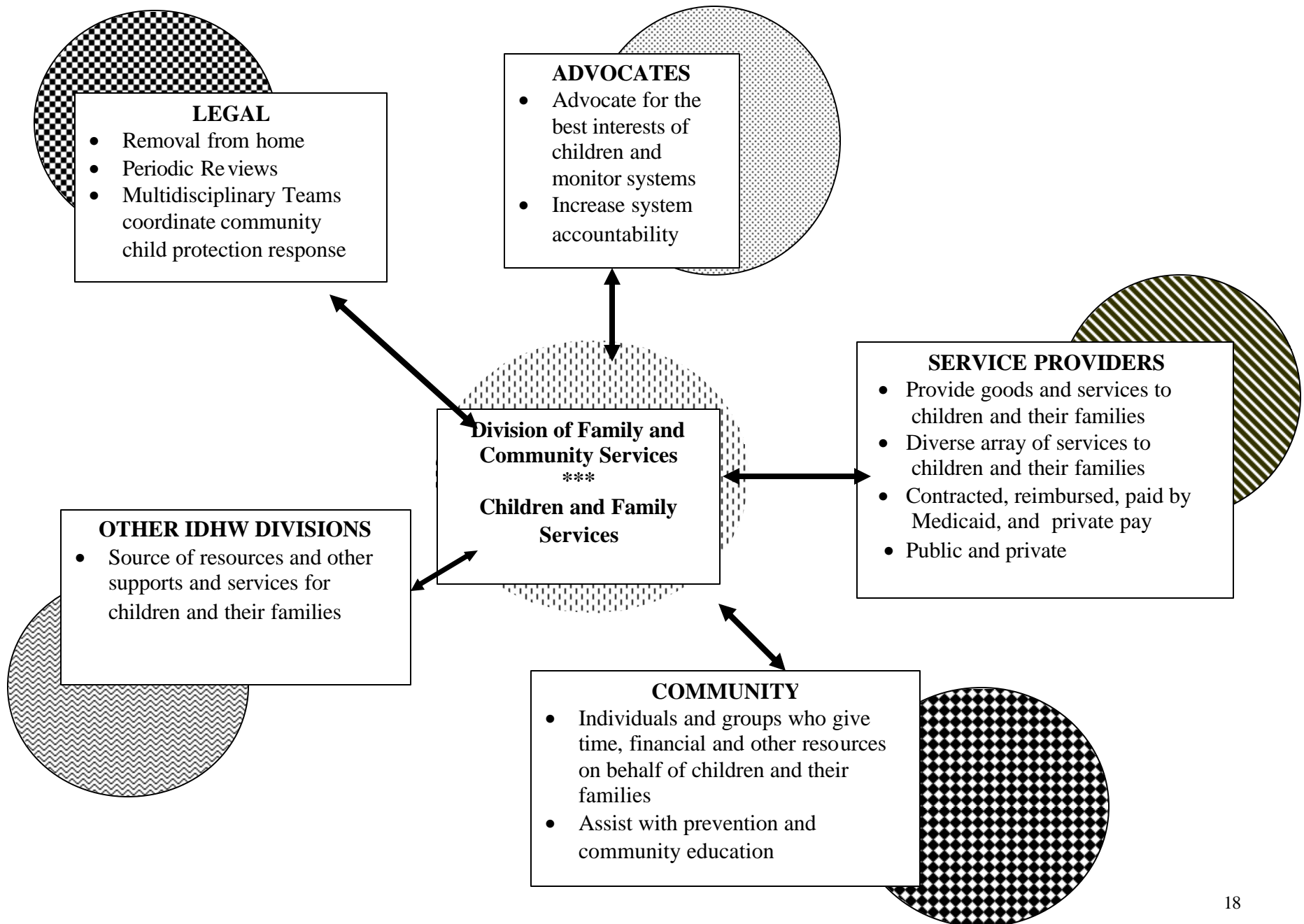
\*Primarily assigned to Children's Mental Health

Total positions in 2000 were 505. Total positions in 2002 were 514.

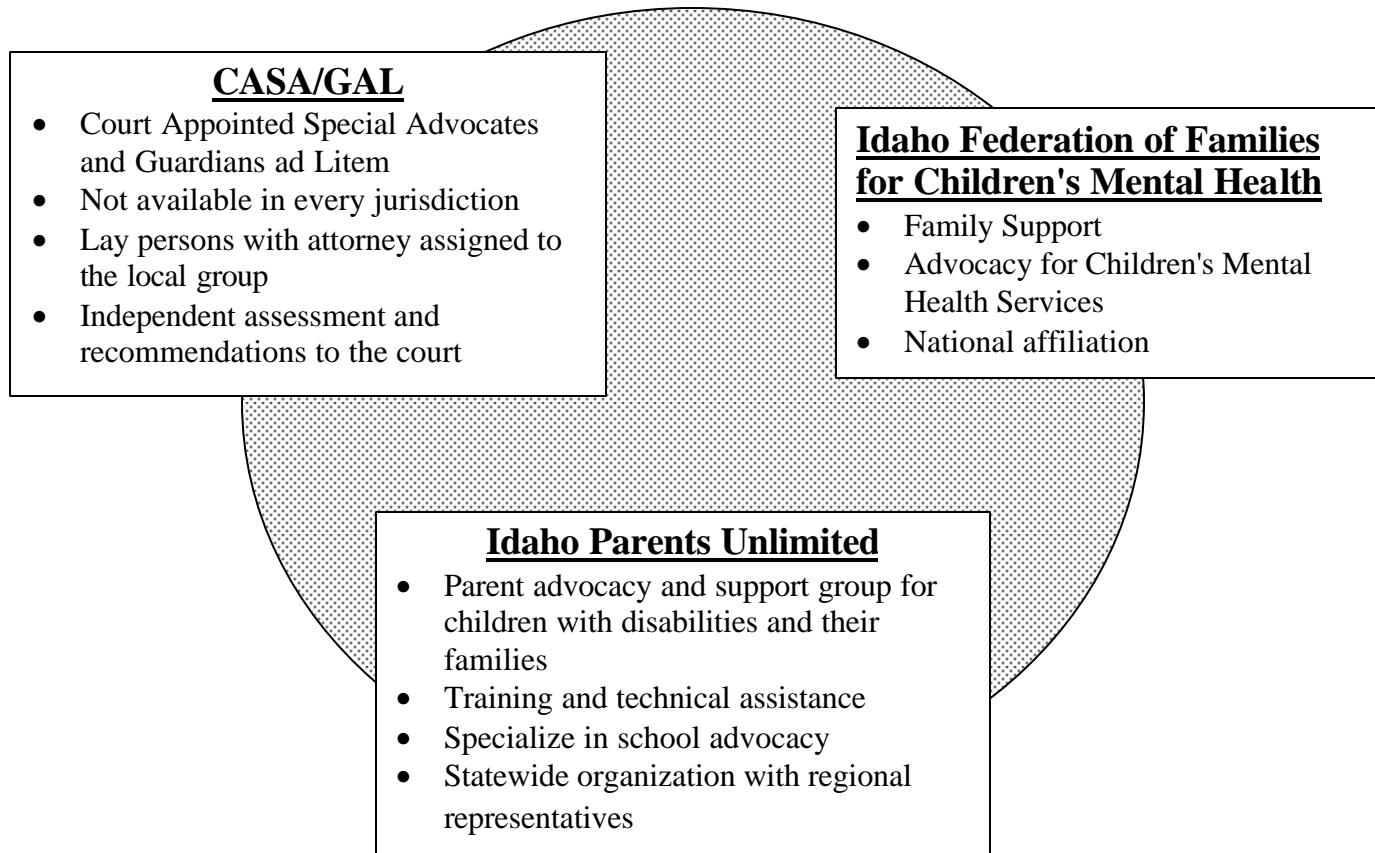
**Table I.3 - Caseloads By Office and Type Of Cases**

<b>Regional Field Offices (Region #) Location</b>	<b>Typical # of Risk Assessments**</b>	<b>Typical # of Case Management Cases***</b>
(I) Coeur d'Alene *	14	15
(I) Bonner's Ferry	6	23
(I) Kellogg	9	9
(I) Sandpoint	12	18
(I) St. Maries –	9	22
(II) Lewiston*–	8	13
(II) Grangeville –	11	12
(II) Moscow –	6	12
(II) Orofino –	9	10
(III) Caldwell*	19	16
(III) Nampa	11	16
(III) Payette –	12	4
(III) Emmett –	7	8
(IV) Boise*	15	18
(IV) McCall –	8	6
(IV) Mountain Home –	11	12
(V) Twin Falls*	16	17
(V) Bellevue –	13	5
(V) Burley/Rupert	13	15
(V) Jerome	14	11
(VI) Pocatello*	13	18
(VI) American Falls –	6	17
(VI) Blackfoot –	10	17
(VI) Preston –	14	15
(VI) Soda Springs –	10	15
(VII) Idaho Falls *	14	10
(VII) Rexburg	14	10
(VII) Salmon –	5	2
* Main regional office		
** # assigned per worker per month. Includes carry-over from month before which remain open and active.		
*** # assigned per worker per month. Includes carry-over from months before which remain open and active.		
– Workers in these offices carry both a risk assessment and a case management caseload		

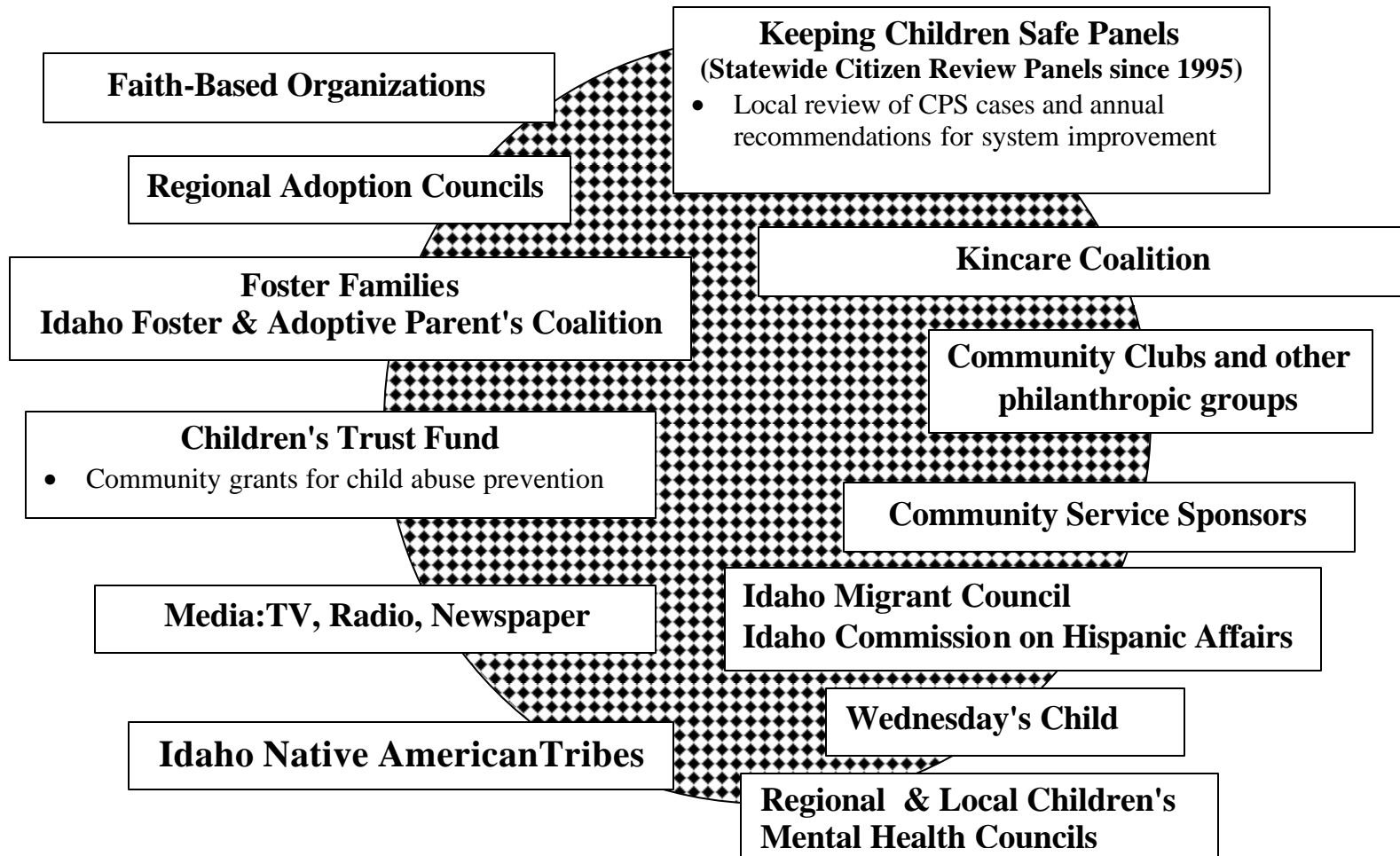
**Figure I.2 CHILDREN AND FAMILY SERVICES MODIFIED ECO-MAP**



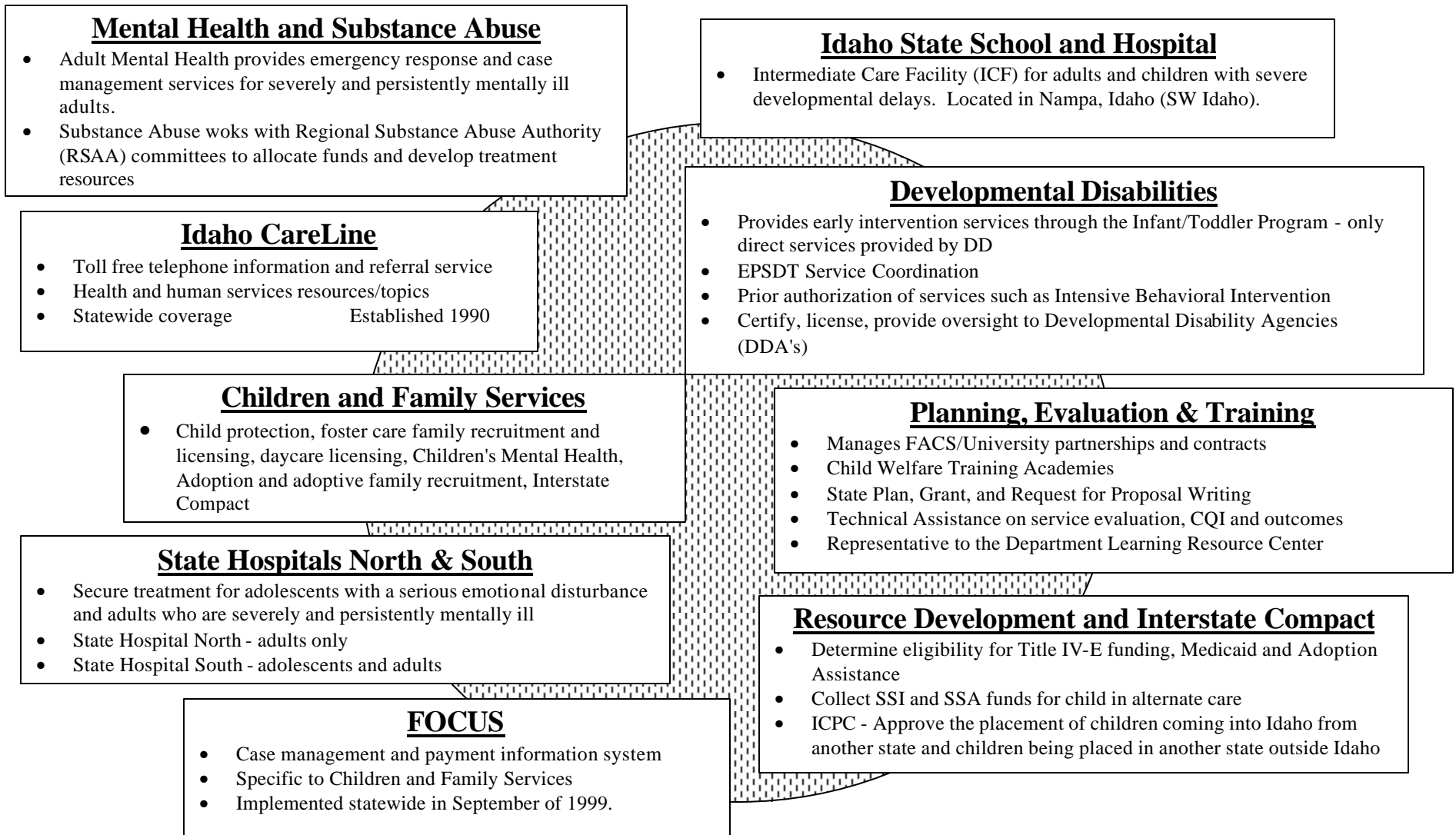
**Figure I.2a     ADVOCATES**



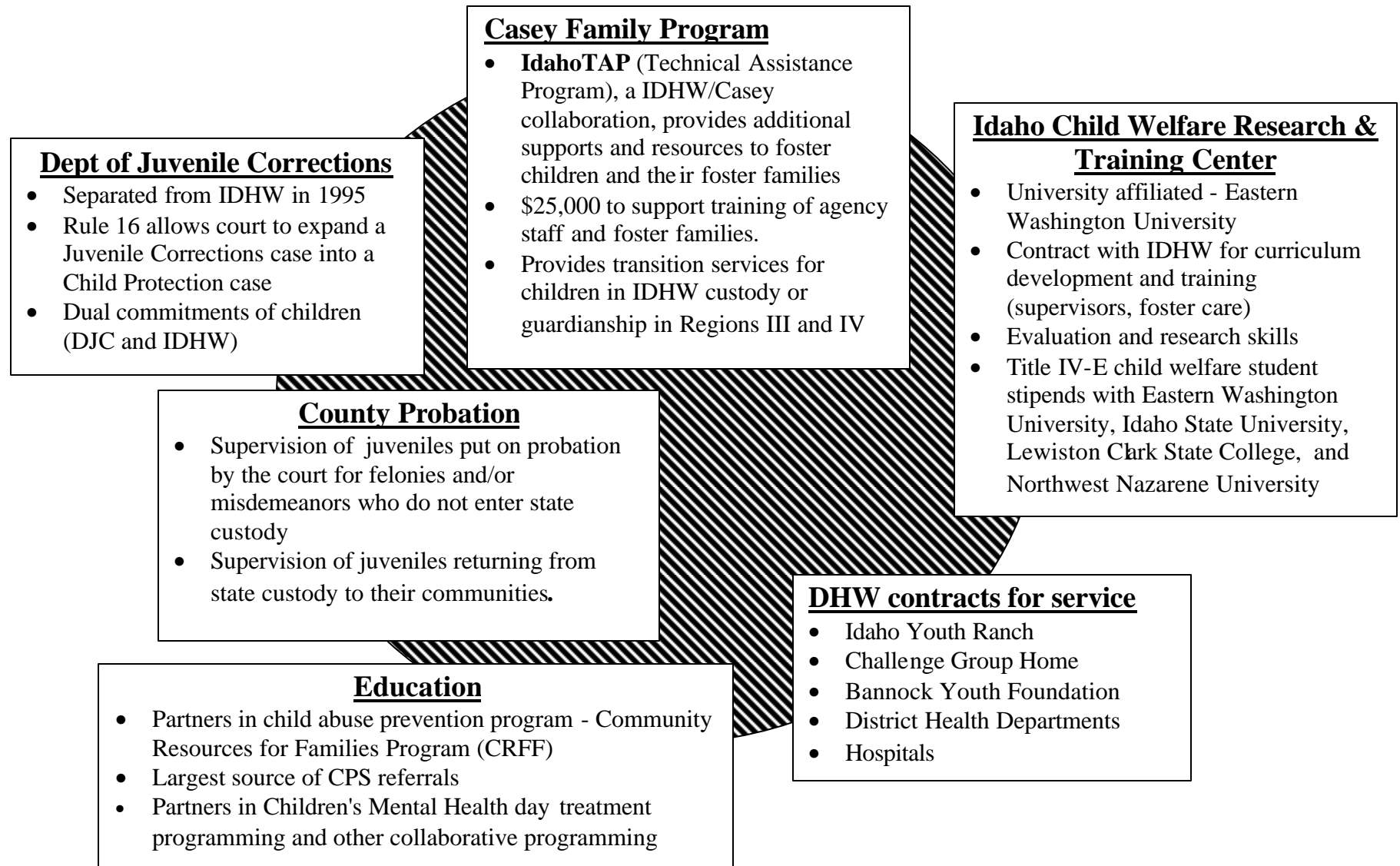
**Figure I.2b COMMUNITY**



**Figure I.2c DIVISION OF FAMILY AND COMMUNITY SERVICES**

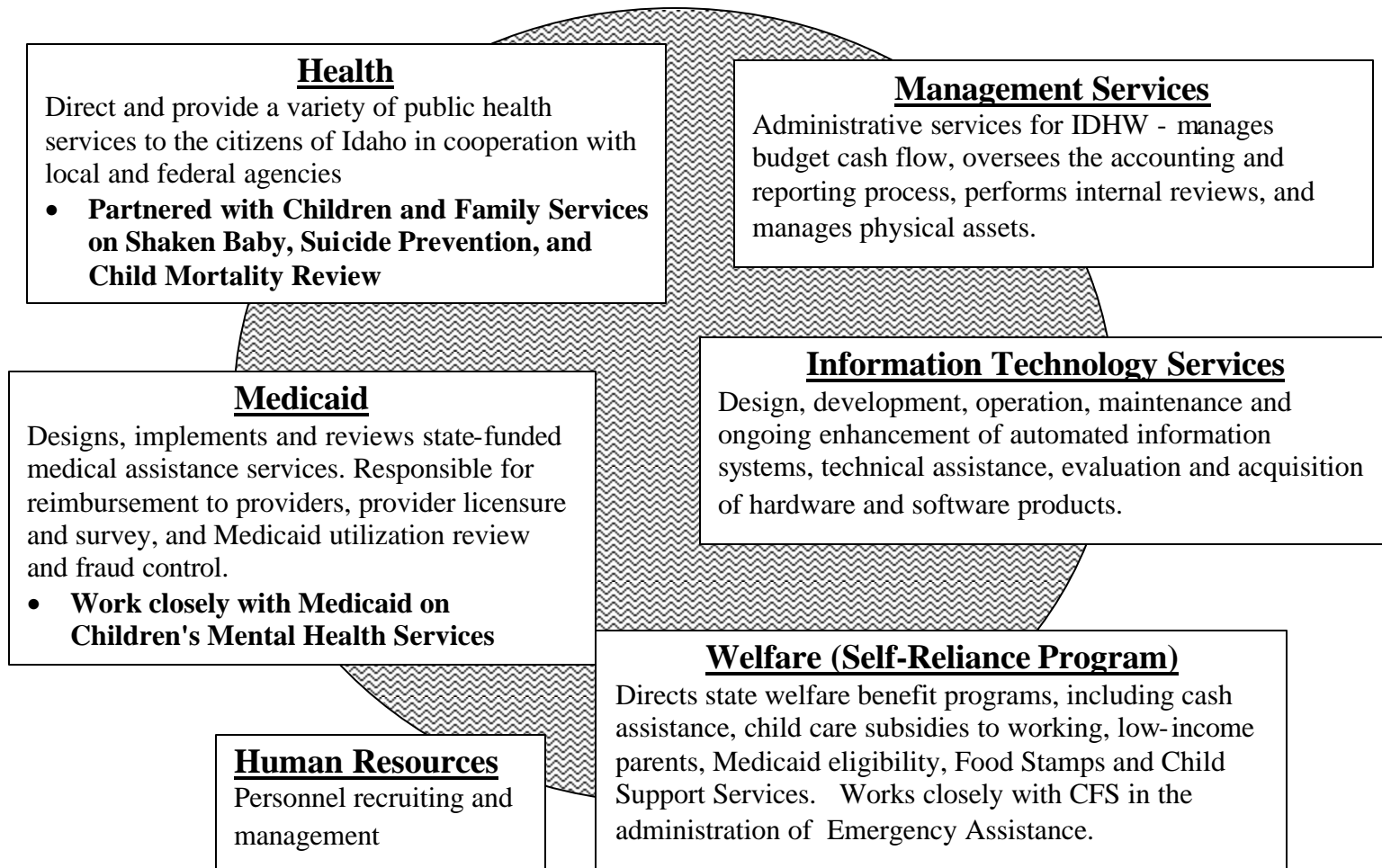


**Figure I.2d OTHER AGENCIES AND SERVICE PROVIDERS**

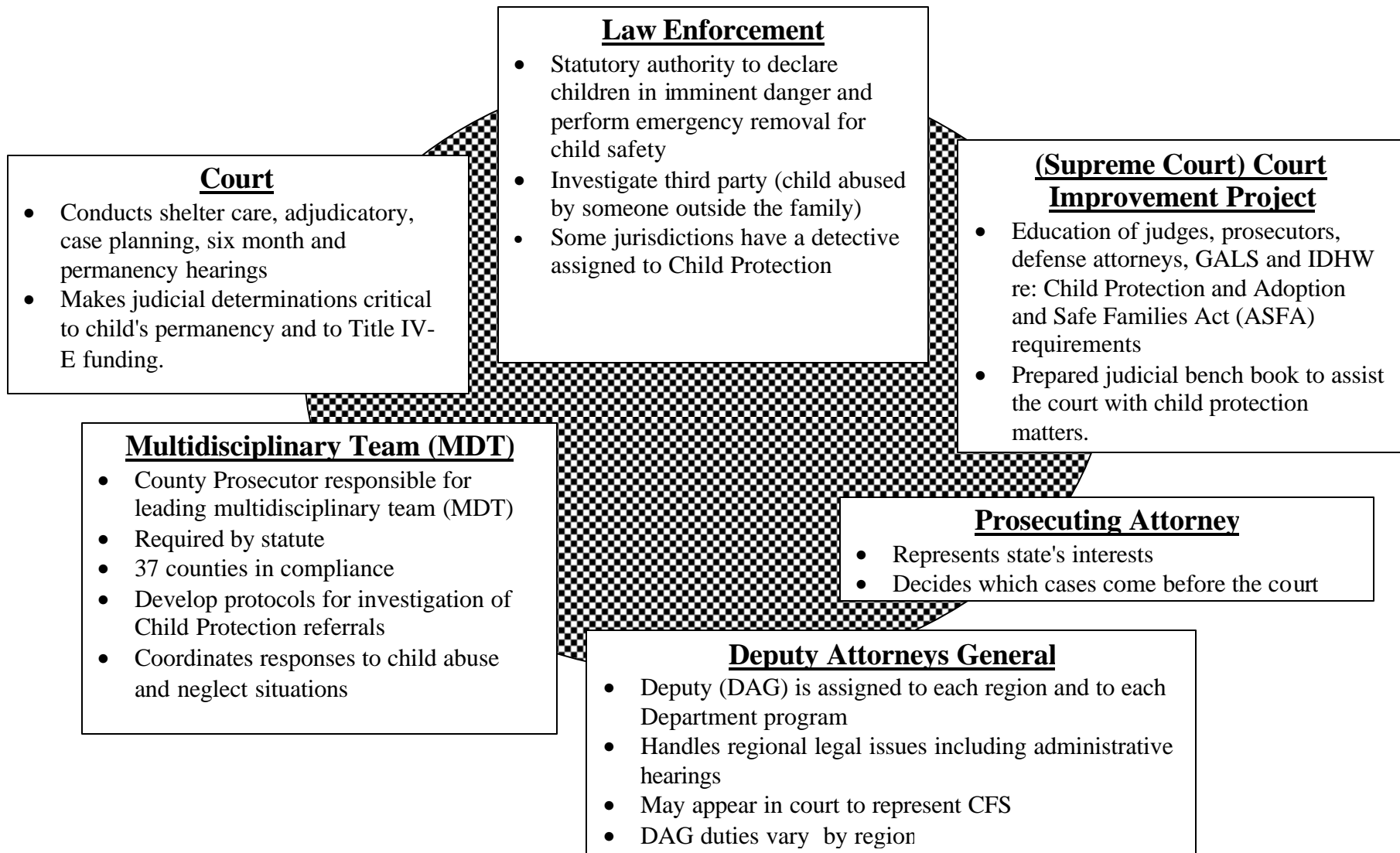




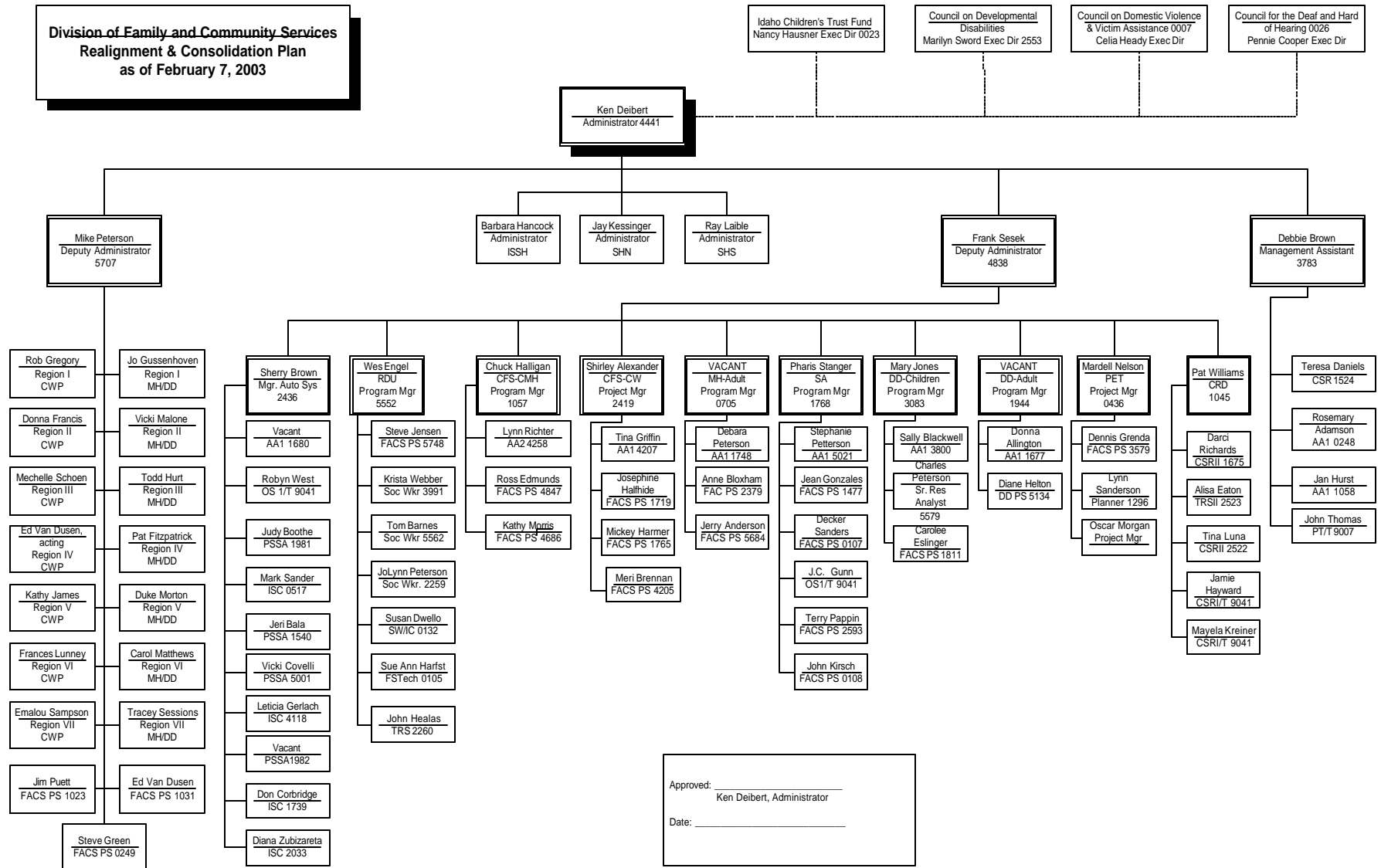
**Figure I.2e OTHER IDHW DIVISIONS**



**Figure I.2f      LEGAL**



**Figure I.3 ORGANIZATIONAL CHART**



## **SECTION II**

### **SYSTEMIC FACTORS**

This section will review the CFSR systemic factors and examine the strengths and weaknesses of the Idaho Department of Health and Welfare's (IDHW) performance as influenced by those systemic factors. The systemic factors are:

- Statewide Information System
- Case Review System
- Quality Assurance System
- Staff Training
- Service Array
- Agency Responsiveness to Community
- Foster and Adoptive Parent Licensing, Recruitment, and Retention

Both written surveys and input from the Statewide Self-Assessment Advisory Group were data sources for the review of systemic factors. Surveys were mailed statewide to a diverse group of stakeholders including the following:

- Children and Family Services (CFS) workers
- Prosecuting attorneys
- Magistrate judges
- Court Appointed Special Advocates (CASA) and Guardians ad Litem (GAL)
- Defense attorneys
- Foster parents
- Keeping Children Safe Panel members (citizen review panels)

The surveys were brief to encourage completion and return. Input was gathered using a Likert scale rating, a comment section for each item, and questions regarding the respondent's demographic and practice experience. CFS workers received their survey on-line via e-mail. Perspectives on the systemic factors were compared and comments were summarized. Return rates ranged from a low of 11%\* for defense attorneys to a high of 37% for Keeping Children Safe Panels.

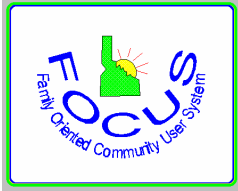
In an effort to gather additional information and assistance in interpreting the survey results, a brief presentation on the survey results associated with each systemic factor was provided at the first meeting of the Statewide Self-Assessment Advisory Group. The group's comments, thoughts and impressions were gathered for integration into this section.

\* This exceptionally low return rate is largely due to over-sampling of defense attorneys, many of whom do not work with child protection service cases.

## **A. STATEWIDE INFORMATION SYSTEM CAPACITY**

*Discuss how effectively the State is able to meet the State plan requirement that it operates a statewide information system that can determine the status, demographics, location, and goals for all children in foster care in the State.*

*In responding, consider the accessibility of this information to state managers and local staff and the usefulness of the information in carrying out the agency's responsibilities.*



### **Family Oriented Community User System**

The Family Oriented Community User System (FOCUS) is the computer information system designed by and for CFS personnel to meet the federal Adoption Foster Care Analysis Reporting System (AFCARS) and Statewide Automated Child Welfare Information System (SACWIS) requirements. FOCUS provides the IDHW with a case management system for Child Protection, Adoption, Children's Mental Health, Interstate Compact, and Independent Living. The FOCUS system was fully implemented statewide in September of 1999. This allowed FOCUS to report all AFCARS data for the period ending March 2000 and beyond.

#### **The FOCUS system . . .**

- Facilitates the gathering and recording of client information
- Contains readily retrievable information such as the legal status, demographics, location, and goals for all children in state foster care
- Has some system integrity rules which assure proper entry of critical elements
- Stores and organizes client and case data records
- Provides authorized users with statewide access to client information
- Facilitates the timeliness of staff activities and responses through system alerts
- Generates payments, documents, and management reports
- Collects data identifying trends and issues used in supporting continuous program improvements
- Reports Idaho data to the federal AFCARS system
- Reports Idaho data to the National Child Abuse and Neglect Data System (NCANDS)
- The Child Abuse Central Registry is a subset of records contained within FOCUS. The subset contains the record of all referrals with a disposition of substantiated.

All professional and support staff working in the CFS program are given access to and use the FOCUS system, including master's level social work interns and select Child Support Services staff who are not CFS staff. It is possible, within FOCUS, to "lock" individual cases to limit

access to information and protect confidentiality of high profile cases or cases involving relatives or friends of IDHW employees.

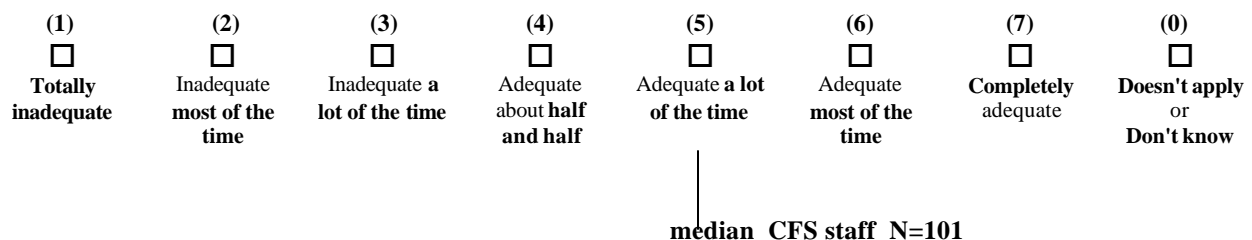
FOCUS serves as an automated case file, case management and payment system. Data entered into the system includes demographic, referral, assessment, case management, legal status, location, case goals, and payment information. The FOCUS system has a strong accountability component that alerts workers and their supervisors to certain tasks that are due or which have not been completed within required time frames. Supervisors can monitor the quality of documentation by accessing the information through FOCUS. FOCUS has the capability of generating caseload and other statistical reports. Those reports are used primarily by supervisors and managers to monitor workload and task completion. Staff report they spend approximately 50% of their workday entering, retrieving and analyzing information in FOCUS. Some offices have assigned the task of data entry to administrative/clerical staff in an effort to allow social workers more time for case management responsibilities.

Each region has a full-time Information Services Coordinator (ISC) assigned to and co-located with CFS staff. This individual does the initial training for new workers, conducts training on new releases, and provides ongoing technical assistance to workers at their workstations.

Over the past several years the federal government has made a huge financial investment in state information systems. They have also increased the requirements for case specific and system wide information and reports. Some workers who enter case information into FOCUS may not have an understanding of the need for many of the required fields and, as a result, may feel burdened by entry of the data. Current reports help all staff to track outcomes from both a regional and a statewide perspective.

## **A. SURVEY RESULTS**

**Survey Question:** In your experience, how adequate is the information in FOCUS in assisting you with your day to day work responsibilities?



## **A. SURVEY COMMENT SUMMARY**

**Children and Family Services Staff** - Comments typically fell into five categories. The largest, with about 30% of the responses, was that FOCUS is very helpful, good, "don't know what I would do without it." The second most frequent response was that FOCUS is useful. Third was the comment that data entry and navigation takes too much time and that when the system is

down, access to information is lost. Fourth was that while difficult to use, FOCUS is helpful. The last category with approximately 10% of the responses was that FOCUS is a "useless waste of valuable time." A frustration voiced by numerous respondents is the apparent failure of some workers to consistently enter accurate and complete data into FOCUS.

#### **A. STATEWIDE SELF-ASSESSMENT ADVISORY GROUP OBSERVATIONS**

##### **Identified Strengths of the Statewide Information System (FOCUS)**

- Provides good history on abuse and neglect by family and by individual
- Helps Idaho meet federal standards
- Electronic information is efficient and transferable
- Enhances supervision
- Provides an alert system to prompt certain activities
- Tracks funding and expenses

##### **Identified Needs Regarding the Statewide Information System (FOCUS)**

- More training for workers on using the system
- Examination of confidentiality issues
- Access issues included the need for quicker access and the ability for workers to access the system from outside the office
- Continue to increase state government's information system capacity in order to further decrease FOCUS "down time" for staff

#### **A. SUMMARY**

Idaho has a statewide information system - FOCUS - with which workers can readily determine the status, demographics, location, goals, and other case specific elements for all children in foster care in the state. While the timeliness of entering individual case information into FOCUS was not assessed as part of this self assessment, the importance of keeping information current is stressed very strongly and monitored through case supervision. It is the responsibility of the case manager to enter changes in the status, demographics, location, goals and other required elements in FOCUS. Reports from FOCUS also allow CFS to monitor outcomes for children in out-of-home care.

The FOCUS system was fully implemented statewide in September of 1999. This allowed FOCUS to report all AFCARS data for the period ending March 2000 and beyond. In September of 2000, FOCUS completed a SACWIS Assessment Review conducted by the federal Administration for Children and Families. This review clearly demonstrated FOCUS's ability to meet the 90 federal requirements for an automated statistical reporting system with the exception of an automated interface with the Title IV-A (temporary assistance) and Title IV-D (child support) automated systems.

An Information Services Coordinator is assigned to regional CFS offices. This has helped to identify issues which need to be addressed and it is also a means of providing continual technical assistance to workers.

Balancing the competing demands of paperwork, direct service, and other duties has always been a challenge to child welfare workers. Having the paperwork automated has increased accountability for all workers. While most workers surveyed agreed that FOCUS is useful/helpful, many continue to be frustrated by some of its features and conversion to electronic files.

There are continuing needs for system enhancements, and additional report capacity. System enhancements, including the development of additional report capacity, are being significantly impacted by statewide budget reductions. Additionally, FOCUS has been identified as the information system to be used by other IDHW programs, such as Adult Mental Health. This expansion will likely delay enhancements and modifications of the child welfare portion of the current system.

## **B. CASE REVIEW SYSTEM - Case Plan**

1. *How effectively is the state able to meet the requirement that each child in foster care under the state's placement and care responsibility have a written case plan with all the required elements?*

IDHW administrative rule requires completion of a family case plan within 30 days of the date a case is opened. All regions are required to use the case plan format contained in FOCUS. In FOCUS, case plans are linked to safety and risk factors identified during the risk assessment. Plans are to be developed with the family and should clearly identify who does what, when, and how. When the child is Native American, the child's tribe is required to receive notification and should be consulted early in the plan development.

Based on a family assessment, a written case plan is developed together by the worker, the family and other interested parties. These interested parties may include the Guardian ad Litem, extended family, family's attorney and service providers. Rule requires that the case plan identify a long-term goal, behaviorally specific and measurable objectives to achieve the goal(s), and specific tasks which identify how, when, and by whom tasks will be completed.

For children placed in foster care, Idaho's Child Protective Act requires that a case plan be filed with the court no later than sixty days from the date the child was removed from the home or 30 days after the adjudicatory hearing, whichever occurs first. In 2001, Idaho's Child Protective Act was modified to require the court to hold a planning hearing within 5 days of filing the case plan to determine whether to adopt, reject or modify the case plan developed by a CFS worker and the child's family. Notice of the Planning Hearing is to be provided to the parents, legal guardians, guardian ad litem, and foster parents. Even though foster parents are provided notice of this hearing, they are not considered parties to the child protective action. The case plan, as approved by the court, is entered into the record as an order of the court. Court delays do not alter the time requirements for development of the family case plan.

All children in out-of-home placement are also required to have an Alternate Care Plan. The



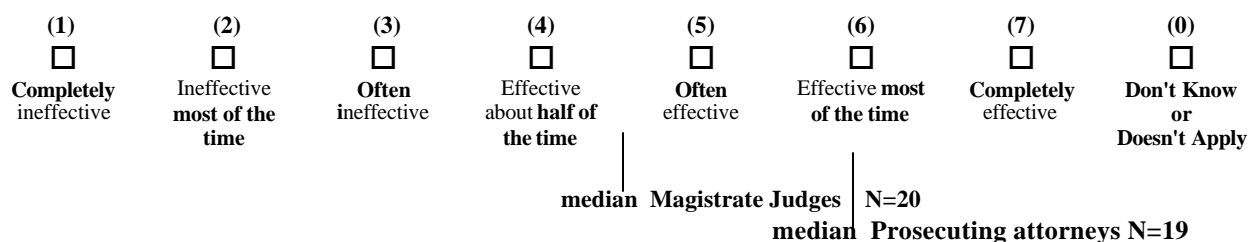
Alternate Care Plan is Part Two of the Case Plan. The purpose of the Alternate Care Plan is to facilitate the safe return of the child to his or her own home as expeditiously as possible or to make other permanent arrangements for the child if a return is not feasible. The alternate care plan contains numerous federally required provisions/protections. It contains relevant education, medical, social and other information needed by the alternate care provider.

Concurrent planning is also a prominent feature of CFS family case plans. Concurrent planning is a process in which permanency is the goal, but two different paths to permanency are followed simultaneously. This type of planning is used when a family presents with poor prognosis indicators associated with extended stays in foster care. In concurrent planning one of the pathways being considered is always reunification. The other pathway is an alternative to reunification. Alternatives could include adoption, guardianship and in some cases, long term foster care. Concurrent planning does not require a new case plan. It does, however, require that another path to permanency be identified in the family's case plan.

In-home services designed to prevent removal and which last less than 30 days may not have a service plan in FOCUS. Any case, out-of-home or in-home, which is open beyond 30 days should have a case plan. However, from a case-by-case review for purposes of this self assessment, it would appear that many in-home service cases do not have service plans entered into FOCUS.

## **B.1 SURVEY RESULTS**

**Survey Question:** In your experience, how effectively do Department case plans respond to the specific needs of each family?



## **B.1 SURVEY COMMENT SUMMARY**

**Judges** - Judicial comments were evenly divided between finding plans well written and concerns that the plans are lacking in one or more aspect. Concerns included plans lacking in specificity and detail, as well as plans being unrealistic and not addressing the true problems. Other judges reported liking the concept of concurrent planning, and reported that IDHW is doing a good job of identifying issues, tasks, and developing good and reasonable goals.

**Prosecuting Attorneys** - Fifty percent of the respondents assessed CFS as developing achievable and family-specific case plans. Other comments were critical of the computer generated case plan format, lack of worker follow up on drug and alcohol cases, and “boiler plate” case plan contents.

## **B.1 STATEWIDE SELF-ASSESSMENT ADVISORY GROUP OBSERVATIONS**

- Some families are not actually getting to choose case plan objectives because workers anticipate (and include) what the court and GAL/CASA want in a case plan at the planning hearing, rather than working with the family's issues and what the family and IDHW agree to include in the plan.
- The family often has an "over eager" case plan that includes too many objectives and tasks. Consequently, the family may feel overwhelmed and be unable to prioritize completion of the objectives/tasks in the area around child safety.
- There were numerous complaints regarding the readability of the case plan format generated from FOCUS.

## **B.1 SUMMARY**

- Children in out-of-home care consistently have a written case plan with all the required elements. Court reviews and statutorily required planning hearings to review the family plan provide an effective check and balance to assure that plans are in place for families.
- Rules Governing Family and Children's Services state that a service plan should be developed within 30 days. However, plans do not appear to be consistently entered into FOCUS for in-home cases.
- There are currently no stated standards for the development and entry into FOCUS of case plans for in-home and other "informal" cases.
- The Case Plan (Service Plan plus Alternate Care Plan) format has been standardized in FOCUS.
- Achieving consistency in the quality of the plans and the degree of meaningful family involvement remains a challenge. In an effort to address these concerns, training has been completed throughout the state and is ongoing at the New Worker Academy.
- There are complaints from staff, judges, prosecutors, guardians and others regarding the way the case plan prints out of FOCUS in that it appears cumbersome to read.

## **B. Case Review System - Parental Participation in Planning**

2. *How effectively is the state able to meet the case review system requirement that parents of children in foster care participate in developing the child's case plan?*

Family involvement in planning is mandated by state statute and IDHW administrative rule. For purposes of this discussion, family is defined as parents, children, other relatives, friends, or support persons identified by the parents.

Several regions use variations of family group decision-making to conduct family assessments and develop case plans. CFS has most often trained to and used a structured version of family decision-making known as the Family Unity Meeting. In this model, family members are given the opportunity to participate in the identification of issues, their strengths and their resources as

well as in developing objectives and the tasks necessary to achieve those objectives. Efforts are made to include all family members including non-custodial parents, extended family members, and others who are a resource in case planning. Transportation, gasoline vouchers, and taxi vouchers are provided in some areas to allow family members to participate in case planning meetings. Participation by telephone is encouraged if family members are unable to participate in person. Telephone contact is especially important for parents who are incarcerated. The IDHW attempts to address cultural differences by hiring bilingual/bicultural staff and making interpreters available when needed.

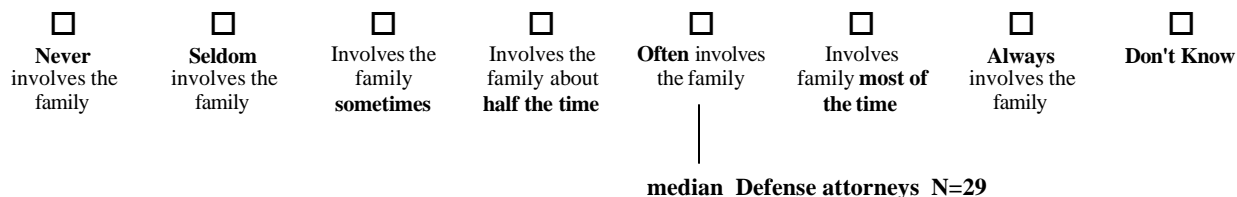
CFS policy requires that the case plan and any changes to it be signed and dated by the family and other involved parties. If the family refuses to sign the plan, the reason for their refusal is to be documented on the plan. CFS rules require that case plans be reviewed with the family no less frequently than every 3 months. When there are major changes to the plan, including a change in the long term goal, the family plan is to be renegotiated with the family and signed by both the worker, worker's supervisor, and the family. A new plan is to be negotiated at least annually.

Early in 2002, a Continuous Quality Improvement (CQI) review process and form were implemented. The form being used is the actual CFSR Review Form. Regions agreed to complete reviews on 5% of all regional cases, both out-of-home care and risk assessment only. File documentation was used as the primary source for the review. Reviews were completed by members of each Regional Continuing Quality Improvement Team. The teams include supervisors and workers. In some reviews, the caseworker is in attendance at the review.

Fifty-nine (59) CQI review forms, completed between January 1, 2002, and October 31, 2002, were submitted by the regions for analysis. While not all regions submitted CQI review forms, the number received constitutes approximately 5% of Idaho's foster care population. These results were reviewed to address a number of issues including parental participation in case planning. Parental participation did not necessarily involve a family group decision-making type of meeting. The results of this data revealed that in this sample, parents participated in case planning 57% of the time. It should be noted that in some of these cases, there may be no parents available due to death, absence, or TPR.

## **B.2. SURVEY RESULTS**

**Survey Question:** In your experience, to what extent does the family's Department worker involve the family in planning and decision making about their child?



## **B.2 SURVEY COMMENT SUMMARY**

**Defense Attorneys** - There were several very positive responses about efforts to involve the family in planning. Additionally, respondents acknowledged that some families are not receptive to participation. The balance of the comments reflected the following themes – “workers dictate the plan to the family” and “some case plans are written using stock or boilerplate language.”

## **B.2 STATEWIDE SELF-ASSESSMENT ADVISORY GROUP OBSERVATIONS**

- Family engagement is an area in which workers could benefit from skill enhancement.
- At the planning hearing, tasks are often added to the family's plan by the judicial system without engaging the family around how that service or behavior is related to the issues that brought the child to the attention of the child protection system. At times the resulting plan is overwhelming to the family and makes it difficult for them to prioritize their change efforts.

## **B.2 SUMMARY**

Children and Family Service’s rules require that parents of children in foster care participate in the development of their family's case and alternate care plan. Many areas of the state use the “Family Unity” model to gather information from families and to encourage their participation in planning activities. In most regions CFS staff conduct the family meetings, while some regions use contractors. The involvement of family members in case planning does vary between office and regions. Most offices schedule meetings after 5:00 p.m. to accommodate family schedules and, in some situations, transportation or home visits are provided. In most cases, family members are involved to the extent individual situations will allow. CFS is making ongoing efforts to train and otherwise encourage social workers to develop meaningful case plans with family members. Criticism that case plans lack specificity and that they are not meaningful is being addressed through training and supervision efforts. Overall, supervisors and workers report that in most cases, parents are involved in the case planning process.

## **B. Case Review System - Periodic (Six-Month) Reviews**

3. *Citing any data available to the state, discuss how effectively the state is meeting the requirement that the status of each child in foster care be reviewed periodically; i.e., at least every six months by a court or by administrative review.*

The Idaho Child Protective Act was modified in 2001, and now requires a six-month review be conducted by the court. See Idaho Code 16-1611. If the court does not hold the required six-month review, IDHW/CFS administrative rules require CFS to conduct a six-month case review to assure compliance with all applicable state and federal laws, and to ensure the plan focuses on the goals of safety, permanency, and well-being of the child. Six-month reviews are required for all out-of-home placements including placements under the Idaho Children’s Mental Health

Services Act, placements of children where the IDHW is the child's guardian, and placements under the Child Protective Act. Six-month reviews are referred to in the Idaho Code as review hearings.

When six-month reviews are not conducted by the court in a timely manner or court reviews do not include the criteria set forth in federal and state law, CFS may conduct an additional review. In those cases, a review team is chaired by a person from outside IDHW or an IDHW employee who is not in the direct line of supervision in the delivery of services to the child or parent(s) or legal guardian (s) being reviewed. The review panel may include agency staff, staff of other agencies, officers of the court, members of Indian tribes and citizens qualified by experience, professional background or training. During the review, all parties are given the opportunity for input and discussion including attending in person or by telephone, asking questions verbally or in writing, and making recommendations.

Whether the six-month review is conducted by the court or by an IDHW review panel, under State law, Federal law and regulation, each of the following must be addressed and have a written finding:

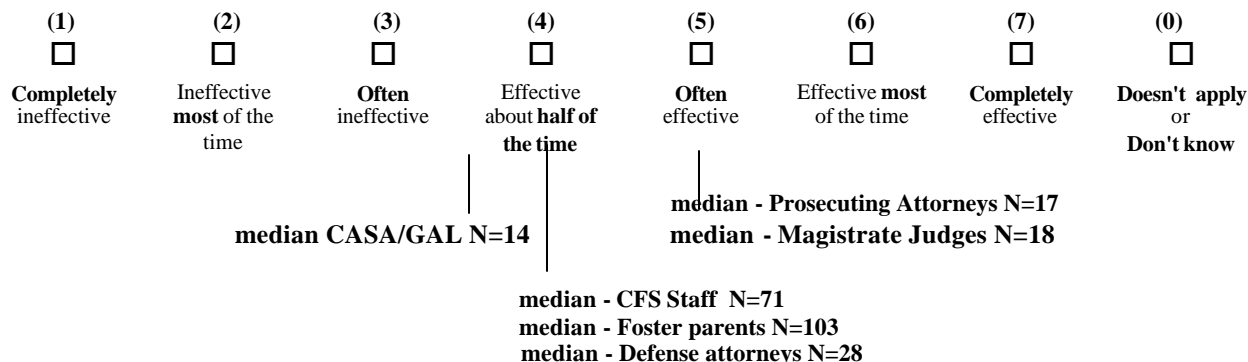
- (a) Determine the extent of compliance with the family services plan;
- (b) Determine the extent of progress made toward alleviating or mitigating the causes necessitating the placement;
- (c) Review compliance with the Indian Child Welfare Act, when applicable;
- (d) Determine the safety of the child, the continuing need for and appropriateness of the child's placement; and
- (e) Project a likely date by which the child may be returned and safely maintained at home or placed for adoption, legal guardianship or other permanent placement.

Following a review by IDHW, written conclusions, recommendations, and appeal rights are provided to all participants, subject to IDHW safeguards for confidentiality.

Every out-of-home placement case, voluntary or involuntary, must be reviewed every six months according to both federal regulation and IDHW rule. This includes children placed under the Idaho Child's Mental Health Services Act. A typical example of a placement under this Act, is when a child's parent or guardian places the child in voluntary foster care with a treatment family. Idaho Code 16-2407 (3) reads "When a child is in a voluntary, out-of-home placement which is funded in whole or in part by state or federal funds, the department may have the propriety of the placement reviewed by the district court of the county in which the child is placed or the county of the child's residence every one hundred eighty (180) days after placement or as required by statute which govern federal funding for children who are placed out of their homes." However, scheduling a court review of voluntary placements can be challenging. As the court has no knowledge of these children, the court may find that there is no legal jurisdiction allowing the court to conduct a review hearing in the case.

### **B.3 SURVEY RESULTS**

**Survey Question:** In your experience, how effective is the case review system (including six-month reviews and permanency hearings) in shortening the length of time for children in foster care?



### **B.3 SURVEY COMMENT SUMMARY**

**Defense Attorneys** - Comments reflect that for half of the respondents these reviews are good monitoring tools, but not all feel that they necessarily shorten the time to permanency. Some respondents commented that there is a need to involve families in (all) reviews (and hearings) and for all parties, including the court, to work together to shorten the time frames.

**Prosecuting Attorneys** - The majority of respondents commented that the reviews have no substance and create an unnecessary level of court involvement. Other comments reflect concern over the amount of time a child spends in foster care before permanency is achieved.

**Judges** – The majority of comments were positive and reflect improvements as a result of changes in the case review system. Judges report that they have improved ability to track cases, increased involvement in cases, and the opportunity to encourage parents to complete their plans.

**CASA/Guardian Ad Litem** - Several respondents commented that reviews are an opportunity to address case goals and progress. Some respondents assessed that nothing meaningful occurs at six-month reviews. Other comments included the observation that reviews focus on parents, not on the child, and that children are often left in limbo.

**Children and Family Services staff** – Approximately half of the respondents commented that the case reviews have shortened the time to achieving permanency and were helpful to them, as workers, by keeping the family aware of their case goals and progress. Some respondents mentioned that the process was helpful to keep everyone on track, but not effective in shortening time frames. A smaller number of comments reflected concern about judges being confused about the purpose of (six-month) reviews, increased formality and the adversarial nature of court appearances, and the failure of all parties to work toward the same goal.

**Foster Parents** - The majority of foster parents survey respondents reported that the case review system (primarily six month reviews) appears to be a formality, many times reviews are postponed, are sometimes alienating to the child's family, and do not appear to shorten the time children wait for permanency. A minority of foster parents reflected that reviews can be helpful, but may not shorten the time required to achieve permanency for the child.

### **B.3 STATEWIDE SELF-ASSESSMENT ADVISORY GROUP OBSERVATIONS**

Although State and Federal laws, rules, and regulations require six-month reviews and give specific direction as to how they are to be held, the committee questioned the consistency of how this is being implemented statewide. The committee also made the observation that conducting these 6-month reviews (and permanency hearings) appears to be placing a demand on the court that the court calendar cannot accommodate. The group also identified advantages and disadvantages to holding the six-month reviews in court.

#### **Advantages include:**

- Judicial oversight of the actions of both the family and IDHW;
- Provides incentive for the parties to meet and prepare for the hearing ahead of time, rather than waiting until they appear in court;
- Provides an opportunity for the court to monitor the case plan; and
- A process is in place to review cases at six-month intervals.

#### **Disadvantages include:**

- Lack of standardization/consistency in court conducted six-month reviews;
- Not all judges know the purpose of or how to implement the reviews;
- Quality of the six-month reviews has gone down in some jurisdictions;
- Conducting the six-month review outside of the court tends to be less intimidating to all the parties and allows for more discussion (more user-friendly);
- There are competing demands on the court's time; and
- There is no statutory mandate for six-month reviews by the court to review the voluntarily placements of children under the Children's Mental Health Services Act. Without judicial review, the child's Title IV-E eligibility is impacted.

### **B.3 SUMMARY**

In many areas of the state, the court is conducting six-month reviews (review hearings). Reviews are scheduled and monitored using the FOCUS system. Whenever the court does not hold a six-month review, or if the court does not address all required findings, CFS is required to hold an additional review. Workers report that reviews are effective in focusing both the family and the family's worker on progress toward achieving case plan objectives and goals. The review also serves as an opportunity to openly discuss the case plan and make any needed modifications.

Although the six-month review system received some criticism on the survey from foster parents and a small number of Guardians ad Litem, at the time of the survey courts had not been

conducting six - month review hearings very long. Thus, survey opinions are likely related to transitioning of the reviews from DHW to the courts. Some foster families preferred the reviews to be held in the more informal atmosphere of the DHW office and felt they had more opportunity to participate in that setting.

## **B. Case Review System - Permanency Hearings**

4. *Citing any data available to the state, discuss how the state meets the requirement that permanency hearings for children in foster care occur within prescribed timeframes. Discuss the efficacy of these hearings in promoting the timely and appropriate achievement of permanency goals for children.*

IDHW Rules Governing Family and Children's Services, IDAPA 16.06.01.250, requires that every child in alternate care under state supervision must also have a permanency hearing conducted by the court or a court designee. Permanency hearings are to be held every 12 months after the date of the child's removal and no later than every 12 months thereafter as long as the child remains under the care and custody of IDHW. The court having jurisdiction in the case conducts the (12-month) permanency hearing,

Per the Adoption and Safe Families Act and IDHW Rules Governing Family and Children's Services, IDAPA 16.06.01.250.02, the following must be determined during the permanency hearing:

- If IDHW has made reasonable efforts to finalize a permanent plan for the child and issue an order specifying the permanent plan; and
- If compelling reasons exist for not terminating the parent and child relationship and for placing the child in long-term alternate care.

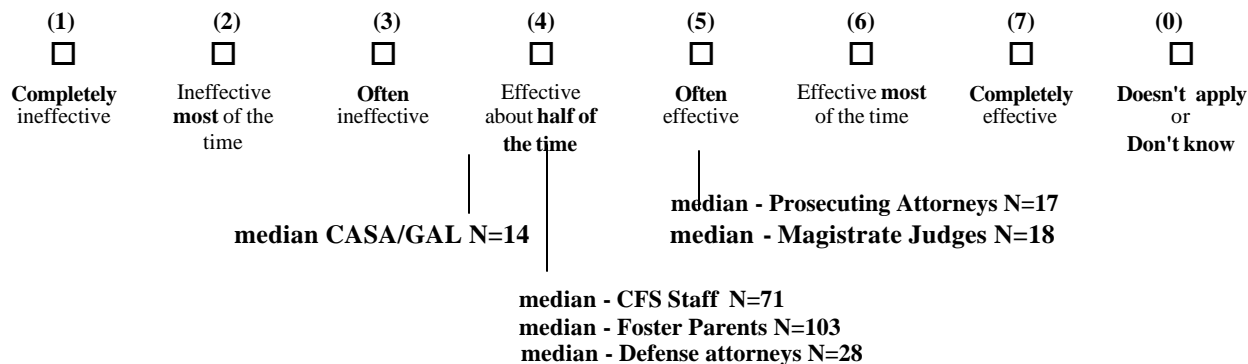
At the (12 month) permanency hearing, the social worker makes a recommendation to the court regarding a permanency option for the child. If the judge finds the permanency plan for the child includes termination of parental rights, IDHW approaches the prosecuting attorney requesting that the prosecutor's office file a petition for termination of parental rights within the ASFA 15 out of 22 month timeline. If the prosecuting attorney is unwilling to file a petition, it can be filed by the region's Deputy Attorney General.

Compliance with the requirement to conduct permanency hearings is automatically monitored through FOCUS. In most regions, the worker responsible for case management personally notifies parents and foster parents of reviews, hearings, and other important meetings either by mail, phone or in person. Assistance with transportation can be provided either directly by CFS staff or through the use of gasoline or taxi vouchers.



## **B.4 SURVEY RESULTS**

**Survey Question:** In your experience, how effective is the case review system (including six-month reviews and permanency hearings) in shortening the length of time for children in foster care?



## **B.4 STATEWIDE SELF-ASSESSMENT ADVISORY GROUP OBSERVATIONS**

Although State and Federal law, rules, and regulations require permanency hearings and give specific direction as to how they are to be held, the committee questioned the consistency of how this is being implemented statewide. The committee also made the observation that conducting permanency hearings (and six-month reviews) appears to be placing a demand on the court that the court calendar cannot accommodate. The group also identified advantages and disadvantages to holding the permanency hearings in court.

### **Advantages include:**

- Judicial oversight of the actions of both the family and IDHW;
- Provides incentive for the parties to meet and prepare for the hearing ahead of time, rather than waiting until they appear in court; and
- Provides an opportunity for the court to monitor the case plan.

### **Disadvantages include:**

- Lack of standardization/consistency in courts conducting permanency hearings.

## **B.4 SUMMARY**

The vast majority of cases are being reviewed by the court through the required permanency hearing. As with (six-month) reviews, IDHW tracks the hearings through alerts initiated by the FOCUS system and, in some offices, through the use of a paper system. Permanency hearings are assessed by CFS staff as very effective in monitoring progress and compliance with the case plan. Outcomes and recommendations resulting from permanency hearings are recorded in a court order, as modifications of the case plan, and in case narratives. Anticipated outcomes of the permanency hearing process include the approval of the permanency plan, decision to proceed toward termination of parental rights, or modification of the previous plan. The effectiveness of permanency hearings is assessed differently from different perspectives.

Generally, permanency hearings are seen as helpful in monitoring and expediting permanency for children.

Prior to the court being given responsibility for the permanency hearings, the 12 month timeframe typically involved a court hearing for renewal of custody which focused on whether the child needed to stay in foster care another year. The structure of the permanency hearing now encourages the court to make a decision regarding permanency, based on what the parties have accomplished and the permanency needs of the child. These are new judicial responsibilities and the process is a developmental one. Through the work of the Supreme Court Committee to Reduce Delays in Foster Care and distribution of the recent benchguide, more consistency and confidence in the requirements of this new role are expected to develop over time.

## **B. Case Review System - Caregiver Notice of Reviews and Hearings**

5. *Citing any data available to the state, discuss how the state meets the requirement to provide foster parents, pre-adoptive parents, and relative caregivers of a child in foster care with notice of and an opportunity to be heard in any review or hearing held with respect to the child in their care.*

IDHW administrative rule IDAPA 16.06.01.240.01 requires that an Indian child's tribe, if applicable, and parent(s) or legal guardians(s), foster parents, pre-adoptive parent(s), and relative(s) providing care for the child be provided with notice of and an opportunity to be heard in six-month reviews and permanency hearings. If the six-month review is conducted by IDHW, it follows that IDHW is required to notify all parties of the review. It would follow that if the six-month review or permanency hearing is conducted by the court, the court is required to provide all parties with written notice of the hearing and their opportunity to be heard.

In some judicial districts the court sends notice of hearing to parents or legal guardians, but not to foster parents, relative caregivers, or pre-adoptive parents. When the court does not give notice to foster and pre-adoptive parents or caregivers, IDHW will often notice the foster parent and pre-adoptive parent.

Idaho Code does not specifically require the court to notice foster parents except for the initial planning hearing. The recently published Idaho Benchguide and Clerk's Manual, 3.0 Benchbook--Special, 3.1 Child Protective Act, 3.1.5 Idaho Child Protection Manual, dated 2001, indicates that the six-month review and the permanency hearing are extensions of the planning hearing and therefore notice should be provided to foster and pre-adoptive parents. The Supreme Court Committee to Reduce Delays for Children in Foster Care is currently working for consistency in the notification process. This clarification is likely headed for inclusion in the Idaho Juvenile Court Rules.

## **B.5    SURVEY RESULTS and COMMENT SUMMARY**

Of the 111 foster parents responding to the survey, approximately two-thirds reported they receive timely notice of (six-month) review and permanency hearings. Several of those respondents indicated that while they received notices, they did not feel they were not given an opportunity to participate in the reviews and hearings. Some comments reflected that foster parents felt that they have been subtly discouraged by workers from participating in case reviews and that overall, the notices seem more like a notification that a hearing would occur rather than an invitation to participate.

## **B.5    STATEWIDE SELF-ASSESSMENT ADVISORY GROUP OBSERVATIONS**

### **Identified Strengths of the Process for Caregiver Notice of Reviews and Hearings:**

- The majority of caregivers are continuing to receive timely notice by IDHW.

### **Identified Needs of the Process for Caregiver Notice of Reviews and Hearings:**

- The court and foster parents should receive education regarding the importance of caregiver participation in reviews and hearings;
- Foster parents could benefit from additional training and preparation regarding their role;
- Letters of notice or invitation should be clear in their intent and written in plain English. Spanish translations should also be available;
- Adolescents should be involved in the reviews or hearings related to their own case; and
- The court should be consistent in sending notice of reviews to all parties including foster parents.

## **B.5    SUMMARY**

In most regions, notice of reviews and permanency hearings is provided to foster parents, pre-adoptive parents, and relative caregivers in writing. In fact, two-thirds of survey respondents indicated that they routinely receive notice. Written notice is primarily sent by certified mail and, in some regions, is followed up by a telephone call. In some regions, input from care providers is included in the CFS report to the court. Some judges will allow verbal input from foster parents during the (six-month) review or permanency hearing and others allow the foster parent to attend, but not to comment. Foster and adoptive family participation in review hearings conducted by CFS has historically been greater than participation in hearings conducted by the court.

Currently there are efforts being made by the Supreme Court Committee to Reduce Delays in Foster Care to amend the Juvenile Court Rules to clarify the court's role in the notice requirements. All parties involved could benefit from more information and clarity regarding their role and the role of others in the Child Protection system.

## **C. Quality Assurance System - Foster Care Standards For Children**

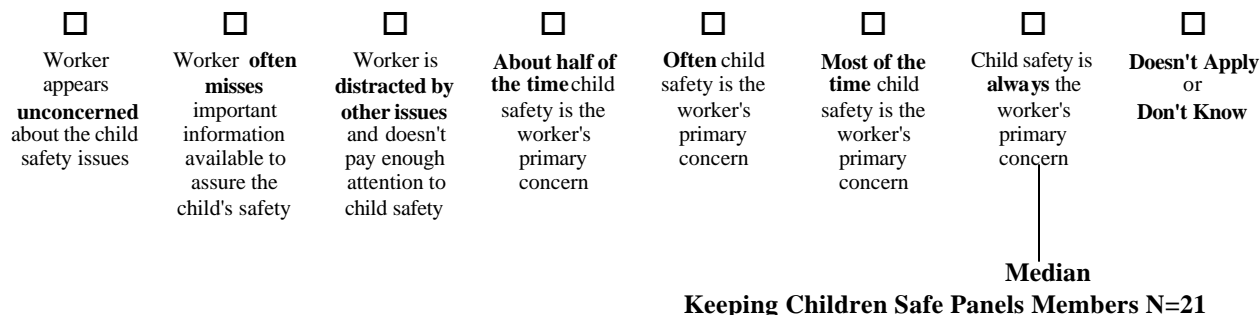
1. *Discuss how the state has complied with the requirement in section 471(a)(22) of the Social Security Act to develop and implement standards to ensure that children in foster care placements are provided quality services that protect their health and safety, and any effects of implementing the standards to date.*

IDHW has a number of administrative rules, policies and practice in place to assure that children are safe while living in foster care. They include the following:

- Standards for worker/child, child/sibling, and child/parent contacts. Rules Governing FACS, IDAPA 16.06.01.405, FACSPM 02-01 and 02-02.
- Discipline policy to clarify IDHW expectations regarding no use of corporal punishment with children in foster care. Rules Governing Child Care Licensure IDAPA 16.06.02.405 and 446.
- Recently updated Child Care Licensing standards which have additional protections for children in foster care such as the requirement for foster parent training, safe transportation of children, pet restrictions, medical and dental care, and restrictions on interagency (placement in a home by multiple agencies) placement of children. IDAPA 16.06.02 Rules Governing Child Care Licensure
- Standards for health and dental care are stated in administrative rule. Rules Governing FACS, IDAPA 16.06.01.442-447
- Criminal history background checks assist in the pre-identification phase of foster care licensing to make sure the prospective foster parent does not have a criminal or child abuse history. IDAPA 16.06.01.005; IDAPA 16.06.02.404
- Renewal of the Alternate Care Plan at least every six months. FACSPM 02-13
- Priority guidelines are in place for responding to reports of child abuse and neglect with 48-hour supervisor review for any child under the age of 6 found to be in imminent danger. Rules Governing FACS, IDAPA 16.06.01.554 and 555
- The foster parent is required to have a copy of the most recent Alternate Care Plan which contains all relevant medical and education information. FACSPM 02-13, Rules Governing FACS, IDAPA 16.06.01.405
- Supervisory review at frequent points in the life of a case. FACS Practice Manual
- Presence of the Guardian ad Litem to protect the interests of the foster child. Idaho Code 16-1631
- Periodic review of the case by the regional child review team, the CASA/GAL and the court. Idaho Code 16-1611

## **C.1 SURVEY RESULTS**

**Survey Question:** In your experience, when the Department conducts a safety risk assessment, is child safety the worker's primary concern?



## **C.1 SURVEY COMMENT SUMMARY**

**Keeping Children Safe Panels** - Two-thirds of the respondents indicated that through file review and personal conversations with workers, that the value of safety as the paramount concern was well demonstrated. The remaining third mentioned that: (1) workers were concerned about safety, but the workers were not in control of the decision making regarding removal; (2) there was, at times, a lack of documentation which made it difficult to tell if safety was the paramount concern of the worker; and (3) failure of worker to conduct sufficient collateral contacts may be leaving children in unsafe circumstances.

## **C.1 STATEWIDE SELF-ASSESSMENT ADVISORY GROUP OBSERVATIONS**

No comments were made regarding safety standards.

## **C.1 SUMMARY**

The state has complied with the requirements at section 471(a)(22) of the Social Security Act to develop and implement standards to ensure the health and safety of all foster children. Standards are contained in administrative rule and policy. Practice is monitored through supervision and periodic review both by the court and by the regional Continuing Quality Improvement Team.

## **C. Quality Assurance System - Ensuring Safety, Permanency & Well-Being**

2. *Discuss the effectiveness of the agency's quality assurance system in helping to ensure safety, permanency, and well-being for children served by the agency and their families in all jurisdictions of the state. In responding, discuss the jurisdictions in the state covered by the quality assurance procedures, the capacity of the system to evaluate the*

*adequacy and quality of the state's child and family services system, and its capacity to produce information leading to program improvements.*

The "422 audit" process was terminated approximately one year ago. A new process was needed which focused on quality of services and achievement of outcome measures, principally - Safety, Permanency and Well-Being. To assist in the development of this new process, CFS received technical assistance from the National Child Welfare Resource Center for Organizational Improvement. The chiefs of social work in both the child welfare and children's mental health programs attended a presentation by the resource center, reviewed other states' CQI (Continuous Quality Improvement) plans, and began development of a state CQI plan for Idaho.

Idaho began implementing its CQI process in January 2002, with the following objectives:

- To assure that each client receives the best possible services;
- To obtain necessary information for designing, improving, and delivering services;
- To assure that services meet state and federal standards; and
- To encourage and support staff in improving skills in serving clients and in managing agency resources.

The children's mental health program required the incorporation of additional outcome indicators and external review systems into the continuous quality improvement plan according to Jeff D. vs. Andrus. This led to some delays in implementation of the children's mental health phase of the CQI process. Both program plans share the same objectives and use the same structures. Children and Family Services will begin including children's mental health into the existing system for CQI as of June, 2003. The intent is aimed at creating a single system for CQI. A single system works to prevent the duplication of effort involved in establishing parallel systems, encourages program integration, and focuses the programs on common goals and outcome measures. Currently, children in out-of-home placement receiving both children's mental health and child welfare services are included in CQI activities and review.

According to the resource center's Quality Assurance Planning Process matrix, nine essential elements should be included in quality assurance. Following are the nine elements and Idaho's progress in incorporating the elements into their quality assurance practice.

<b>Nine essential elements of CQI*</b>	<b>Idaho CQI process at present</b>
(1) The state has established outcomes and indicators for child welfare services and is tracking performance on an ongoing basis.	The federal child welfare outcomes have been adopted for state use. For the child welfare side, the CFSR instrument items are used to review randomly selected cases in field offices in each region.
(2) Outcomes are established as part of the planning process, and the plan is reviewed annually	The child welfare outcomes are reflected in the structure of Idaho's Comprehensive Plan which is reviewed annually. Additionally, regional outcomes and case results of the CQI process are reviewed quarterly by the Statewide Continuous Quality Improvement Committee. A Divisional Deputy Administrator conducts the meeting.
(3) A quality assurance process examines information on quality in ways that lead to program	Each regional team reports on its activities, findings, and recommendations to the statewide

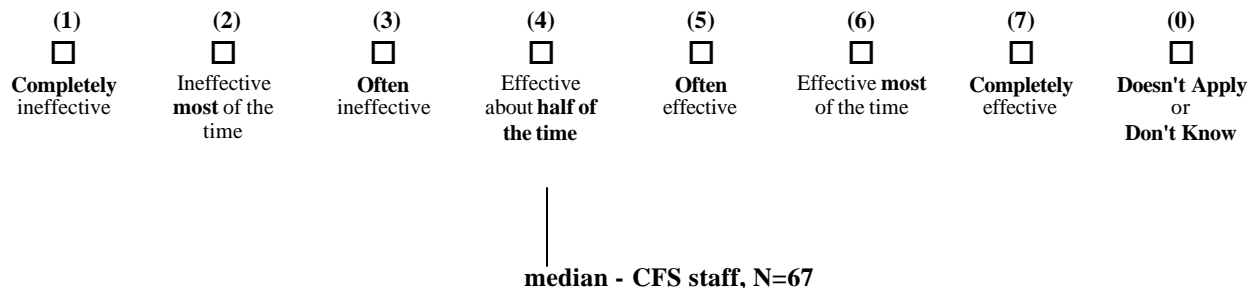
improvements	CQIT on a quarterly basis. This is a primary mechanism for identifying practice issues and trends. The findings of the quarterly review are reported to the CFS regional program managers who consider the recommendations for policy or practice changes.
(3a) Organizations/Processes examine information on quality	The items of the CFSR instrument allow local and central office staff to examine the quality of practice regarding social worker interaction with children and families, assessment of safety and risk, service delivery, stability in foster care, permanency planning for children, and issues of child and family well-being.
(3b) QA process acts on information leading to program improvements - effective feedback loop	Idaho's CQI feedback loop includes a social worker involved in the case, his/her supervisor, regional child welfare chiefs, program specialists from Central Office, and the Deputy Administrator who supervises the CFS program managers.
(4) The state has staff/organizations dedicated to QA	CFS has a statewide Continuous Quality Improvement Team (CQIT), made up of the child welfare chiefs of social work from each region and two CFS regional program managers. The Child Welfare Project Manager and a Deputy Division Administrator also serve on the committee. The regional child welfare chief of social work serves as the chair of the regional CQI team. Each region determines the membership and size of their team.
(5) Data is gathered and used in the QA process	A summary sheet has been developed to gather and record the data from the CQI case reviews. The information is gathered quarterly from the regions and entered into a central office data base for use in practice, policy making and as outcomes for the IV-B plan. Both the statewide and the regional CQIT's also review the federal Child Welfare Outcome Measures to determine how we are doing as individual regions and as a state.
(6) Case reviews are conducted and used to improve quality	The teams review 5% of risk assessments from the previous 12 months and 5% of the child protection cases open at the time of the review. The team may determine that other cases will be included in the review. Workers involved in the CQI process describe it as an opportunity for training. They see it as an effective learning tool by giving them case specific feedback on practice expectations and why best practice is so important.
(7) Stakeholder input from children and families serviced is gathered and used in the QA process	During 2002-2003, stake holder and consumer satisfaction for child welfare was evaluated through the surveys distributed as part of this self-assessment. During 2003, the statewide CQI committee will develop a mechanism for obtaining client feedback regarding Department services. The children's mental health program administers family satisfaction surveys as part of their CQI

	process. The regional offices send surveys to client families every 120 days and at case closure. The survey collects information regarding access, appropriateness, effectiveness, and family involvement. At the present time, the data is being collected and entered into a database established for that purpose. Eventually, IDHW may contract with a family advocate to actually collect the feedback through interviewing client families.
(8) Stakeholder input from external stakeholders is gathered and used in the QA process	CFS has included Keeping Children Safe Panel (citizen review panel) members in the regional CQIT meetings to assist them in their role of evaluating the child protection system and providing a community perspective to CFS. The Children's Mental Health Program has the following external review systems (not individual case review) in place: State Planning Council on Mental Health; regional mental health advisory committees; Idaho Council on Children's Mental Health; and regional and local children's mental health councils.
(9) The QA process is in place in all of the jurisdictions where services are provided	The CQI process is currently operative in every region and field office.

\* from the National Child Welfare Resource Center for Organizational Improvement.'s Quality Assurance Planning Process matrix.

## **C.2 SURVEY RESULTS**

**Survey Question:** How effective has the new Quality Assurance case review tool been in communicating practice expectations, giving practice feedback, and improving your practice?



## **C.2 SURVEY COMMENT SUMMARY**

**CFS Staff** - Nearly half of the comments stated that the QA case review tool has been very helpful in clarifying practice expectations. Twenty-five percent of respondents reported that they have not received any feedback from their supervisor on the tool. Several workers commented that to their knowledge, the tool has not been implemented in their region, at least they have not yet had a file reviewed. The remaining staff found it unhelpful and cumbersome. There were also



comments regarding the length of the instrument and little time for fulfilling the practice expectations.

## **C.2 STATEWIDE SELF-ASSESSMENT ADVISORY GROUP OBSERVATIONS**

### **Identified Strengths of Idaho's Quality Assurance System**

- Process is clearly defined, accessible and conveyed to workers
- Emphasizes importance of documentation
- Makes staff aware of practice expectations
- Highlights what is done well
- More accountability for appropriate outcomes
- Greater consistency among workers
- Know what the federal government is looking for and have the tools to match the needs

### **Needs**

- Streamline the QA process to reduce amount of worker time involved
- Assure that the CQI process is made a priority by workers
- Make a connection between data, CQI activities, and outcomes
- Assure the QA process is linked to case planning, assessment, etc.
- Include the 48 hour review as part of QA
- Assure workers are able to write attainable case plan goals and objectives
- CQI process should have a clear and direct relationship to practice issues/expectations

## **C.2 SUMMARY**

Within the last year, CFS has received consultation from the National Child Welfare Resource Center for Organization Improvement on the development of a Continuous Quality Improvement system for Children and Family Services programs. The regional child welfare chiefs of social work have provided leadership in the development of the current system. The newly implemented CQI process contains all of the nine essential elements identified by the Resource Center for Organizational Improvement as necessary for an effective CQI system. Clearly the survey tells us that not every worker has had cases reviewed at this point in time. The chiefs meet every other month and have made a commitment to summarize their regional CQI feedback and to look at overall trends, strengths, and weak spots in practice. At the local level, the CQI system allows identified regional inconsistencies or concerns to be addressed by the management team. By involving all staff in these reviews, issues around philosophy and practice can be more effectively addressed. The State CQI team is sharing information regarding implementation and learning from one another through the implementation process. Currently some regions include the caseworker in the CQI reviews, others do not.

There has been a concerted effort to build the CQI process in such a way that both child welfare and children's mental health program can benefit from a single process.

## D. Staff and Provider Training - Staff Training

1. *Citing any data available to the state on the numbers and timeframes of staff trained, discuss the effectiveness of the state's initial and ongoing training for all child welfare staff employed by the agency, that includes the basic skills and knowledge required for their positions.*

The CFS New Worker Academy is held 3 to 4 times per year and is mandatory for each new CFS worker. If a worker has noticeable difficulties during the academy, the issues are generally discussed by the trainer with the worker's supervisor. When the pre-service training has been completed, the new worker is not assigned sole responsibility for cases until they have spent a period of time shadowing another worker or working on a team and being supervised and mentored by their assigned supervisor. During that period the supervisor has an opportunity to be assured that the worker has the prerequisite skills and provide training if skill development is needed. Community partners such as tribal social services staff, guardians ad litem, and community service providers may request to participate in the academy and are included as space is available. Certificates of Completion are awarded. Table II.1 below is a description of the New Worker Academy standardized core curriculum.

**Table II.1 - New Worker Academy Core Curriculum Outline**

Day One	
<ul style="list-style-type: none"> <li>◆ Welcome</li> <li>◆ Agency Structure</li> <li>◆ Child Welfare Goals</li> <li>◆ ASFA</li> <li>◆ Laws, Rules, Policy, Procedure</li> <li>◆ Interstate Compact</li> </ul>	<ul style="list-style-type: none"> <li>• Introduction To Adult Learning Environment</li> <li>• History of Child Welfare</li> <li>• IDHW and FACS Division Organization Chart</li> <li>• Roles of Bureau and Regional CFS staff</li> <li>• Laws, Regulations, Rules and Policies</li> <li>• Adoption and Safe Families Act of 1997</li> <li>• Interstate Compact For the Placement of Children (ICPC)</li> </ul>
Day Two	
<ul style="list-style-type: none"> <li>◆ Child Protective Act</li> <li>◆ Child Protection Intake</li> <li>◆ Child Protection Risk Assessment</li> </ul>	<ul style="list-style-type: none"> <li>• Philosophy of Practice</li> <li>• CPA Definitions</li> <li>• Indicators of Physical Abuse (Slide Show)</li> <li>• Shaken Baby Syndrome</li> <li>• Imminent Danger, Endorsement Upon Summons</li> <li>• Hearings</li> <li>• Priority Guidelines - Variances</li> <li>• Importance of the Intake Process and Role of the Intake Worker</li> <li>• The Timelines of Immediate Risk/Safety, Comprehensive Risk and Reassessment; Difference Between Risk And Safety</li> <li>• Idaho's Immediate Risk/Safety Assessment</li> <li>• Difference Between a Safety Plan and a Service Plan</li> </ul>
Day Three	
<ul style="list-style-type: none"> <li>◆ Child Protective Risk</li> </ul>	<ul style="list-style-type: none"> <li>• Introduction of Williams/Gordon Family Video Case Study</li> <li>• Comprehensive CP Risk Assessment</li> <li>• Risk Assessment Factors</li> </ul>

<b>Assessment concluded</b> <b>◆ Service Planning</b>	<ul style="list-style-type: none"> <li>• How to Conduct a Risk Assessment/Working With Law Enforcement</li> <li>• Domestic Violence and Substance Abuse Assessments</li> <li>• Tasks of a Risk Assessor - Determine Disposition; Assess Risk</li> <li>• Disposition of Reports</li> <li>• Reassessment</li> <li>• Importance of Service Planning and Concurrent Planning</li> <li>• The Process of Service Planning</li> <li>• Structure and/or Content of the Plan</li> <li>• Monitoring, Evaluating and Documenting Service Plans</li> </ul>
<b>Day Four</b>	
<b>◆ Children's Mental Health Services Act</b> <b>◆ Alternate Care</b> <b>◆ Independent Living</b> <b>◆ ICWA</b>	<ul style="list-style-type: none"> <li>• Overview of the Children's Mental Health Services Act</li> <li>• Foster Family Licensure Standards</li> <li>• IDHW Placement Priority</li> <li>• Guides to Placement Matching</li> <li>• Information Foster Parents Need from Social Workers</li> <li>• Idaho Independent Living Program</li> <li>• Indian Child Welfare Act (ICWA)</li> <li>• Indian Tribal Jurisdiction Over Indian Child Custody Proceedings; Emergency Removal or Placement of Indian Child</li> </ul>
<b>Day Five</b>	
<b>◆ Adoptions</b> <b>◆ Worker Safety</b>	<ul style="list-style-type: none"> <li>• Idaho's Adoption Services; Adoption Goals and History</li> <li>• Core Values Underlying Idaho's Adoption Services</li> <li>• Adoption Services Based on Principles of Respect, Honesty, Self-Determination, Informed Decision Making, Open Communication, Applicants Treated in Non-Discriminatory Manner</li> <li>• Permanency Options, Reviews and Hearings, Termination of Parental Rights</li> <li>• Idaho Adoption Statistics</li> <li>• Worker Safety; Review of Crisis Intervention Theory</li> <li>• Dealing with Dangerous People</li> <li>• Personal Safety in Risk Assessment Process</li> </ul>

A license is required to practice social work in Idaho. The majority of CFS workers have either a BSW or an MSW. Social work licenses require 20 hours of continuing education annually. Most individuals use their IDHW sponsored training as their continuing education credits. This does a couple of things - one, it lowers the cost for social workers to obtain continuing education and it increases the incentive to attend IDHW sponsored child welfare related training which in turn improves job performance. It is the responsibility of each worker with a professional license to monitor their CEU requirements and submit that information annually to the Board of Occupational Licenses. The Board makes the decision as to whether or not the applicant's CEU hours are acceptable.

Trainings can be initiated in a number of ways. When there are new policies or procedures resulting in a significant change in practice, regional training is provided to workers both by their supervisors and by program specialists from central office. As a result of the Continuous Quality Improvement process recently established, supervisors and other staff are better able to identify where workers are having difficulty and can respond with provision of or requests for training. The Child Welfare Subcommittee made up of the child welfare chiefs of social work

from each region, completes an annual review of worker and supervisor training needs and makes recommendations for the upcoming year's training.

Much of the available child welfare training is either sponsored or co-sponsored by IDHW and is organized and paid for through Central Office. Regions also sponsor training events. IDHW has taken advantage of videoconferencing technology and organized uplinks at several other locations in the state to achieve local simulcast without the time and expense of travel. Worker's request and receive permission to attend non-mandatory trainings through their supervisor. Examination of attendance records and training evaluations verify that social workers throughout the state receive multiple training opportunities to increase their skills.

CFS also provides opportunities for regional staff and community partners, including foster and adoptive parents, to attend national conferences. During 2001-2002 national conferences included the North American Council on Adoptable Children, American Adoption Congress Annual Conference, Youth Development Conference, and "Growing Pains" the National Independent Living Conference. However, during 2002-2003, due to holdbacks, out-of-state travel has been significantly reduced thus making attendance at out-of-state trainings rare.

The following Table II.2 is a comprehensive list of training opportunities provided to workers between July 1, 2001, and June 30, 2002:

**Table II.2 Trainings July 1, 2001 through June 30, 2002**

<b>Date</b>	<b>Training</b>	<b>#Attendees</b>	<b>Attendees Description</b>
7/9-13/01	CFS New Worker Academy	13	All new CFS workers; select community agency/providers
9/24-25/01 through 1/10-11/02	Preparing & Presenting Effective Testimony	104	IDHW Child Protection staff
	Advanced Court Testimony Skills	57	
9/27-28/01	Children's Mental Health Conference - Building on Each Other's Strengths	200 (est)	CFS staff; diverse group of community representatives including mental health, education, child welfare, juvenile justice, parents, and other public & private agencies.
9/27-28/01	Advanced Domestic Violence - Investigation and Advocacy	60	Law enforcement, judges, victim advocates, teachers, CFS staff
10/5/01	Child Protection Mini Academy	3	New CFS child protection staff
10/9-10/01	Methamphetamine Addiction: A Community Response Best Ways to Understand and Treat Meth Addicted Persons	325	Several presentations including one for interested community members. CFS staff and other local treatment professionals
10/10-11/01	Indian Child Welfare Conference	295	CFS staff; tribal staff; representatives of other public and private agencies.
10/17-18/01	Statewide Foster Care Meeting and Training including Managing Liability in Child Care Licensing Programs; Involving Foster Parents in Independent Living Services; Creating, Supporting and Sustaining Foster Parent Association	24	CFS foster care and licensing staff, foster care contractors
11/14-15/01	Early Years Statewide Conference- focused on integrating child development practice and knowledge into child welfare	432	IDHW wide staff, educators, early intervention specialists; parents
11/15/01	Wound Identification	16	Law enforcement, CFS staff, other local

			multidisciplinary team members
12/3-7/01	CFS New Worker Academy	18	New CFS workers; select community agency/providers
1/7,8,17,31/02 2/20,26/02 3/22/02	Case Documentation	187 total	CFS staff
1/18/02	Forensic Sexual Abuse	5	CFS staff
1/14-18/02	Transracial Parenting Skills for Professionals	188	CFS permanency planning staff and adoption specialists, private adoption agencies, social work students, foster and adoptive parents.
2/5-6/02	Ethical Decision in Child Welfare Practice	91	CFS staff
2/25,27/02 3/1/02	Information Management Training	57	CFS supervisors
3/3-7/02	CFS New Worker Academy	21	All new CFS worker; select community agency/providers
4/25-26/02	Child and Adolescent Functional Assessment Scale (CAFAS) - Train the Trainer	80	CFS-Children's Mental Health staff
5/21-22/02 6/26/02	Alternate Care Planning - Use of the Alternate Care Plan	110 (est)	CFS staff
6/3-4/02	Getting Through Difficult Times: the Healing Power of Families	450	Evening presentation for foster/adoptive parents. CFS staff, private adoption agencies, community partners, contractors, foster care and adoption, social work students.
6/10/02 6/12/02	Enhancing Multidisciplinary Teams (Implementation of ASFA)	150 total	Judges, Prosecutors, Public Defenders, other court staff, law enforcement, CFS staff, Victim Witness Coordinator, GAL
6/24-26/02	Three Days in June-Domestic Violence Conference	380	Public and private service providers, legal community, law enforcement, advocates
6/24/02	Parenting Sexually Abused Children	22	Foster/Adoptive parents and CFS staff
6/25/02	Foster Parents and Birth Parents - Working Together	22	Foster parents and CFS staff

Upcoming trainings scheduled through June 30, 2003 include:

- Stress Reduction for Caregivers\*
- Child Well-being, Developmental Assessment, Child Development \*
- Substance abuse certification
- Delivery of Independent Living Services\*
- Training on Specific Mental Disorders for Parents and Other Caregivers\*
- Fetal Alcohol Training\*
- Children's Mental Health Annual System of Care Conference\*
- Solution Focused Practice
- Working with Difficult Kids\*
- Attachment training\*
- Strength Based Practice
- Court Document and Report Writing
- Cultural Competency
- Vicarious Trauma\*
- Family Group Decision Making
- Data Collection and Evaluation
- Compliance with the Indian Child Welfare Act (regional)
- Supervisor Academy

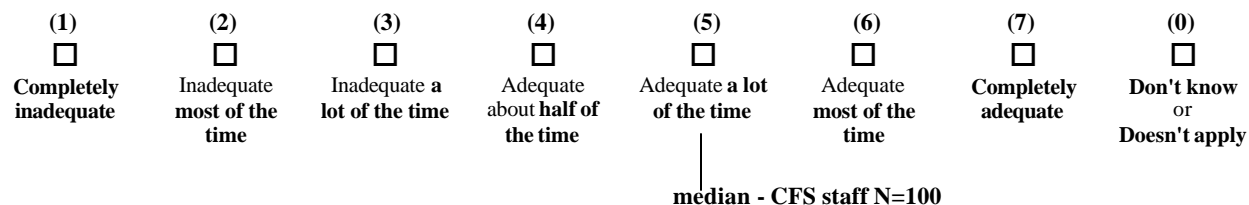
\*Also appropriate for foster parents, adoptive families, and other caregivers

### **Additional training resources:**

- The Information System Coordinator (ISC) in each region provides FOCUS basic training. Depending on job duties, some workers may receive specialized training also delivered by the ISC. The ISCs conduct periodic FOCUS update training when new releases are issued several times per year.
- IDHW also supports regional training through a \$47,290 contract with the Department of Law Enforcement's Police Officer Standards and Training (POST). POST provides resources, support and training in forensic and social work investigative, prosecutorial, and victim services to county multidisciplinary teams.
- IDHW has a Title IV-E funded contract with the Idaho Child Welfare Research and Training Center from Eastern Washington University who sub-contracts with Idaho State University, Lewis Clark State College, and Northwest Nazarene University to provide pre-service student training in the areas of substance abuse, delivery of core foster parent curriculum, as well as delivery of a variety of other child welfare related topics.
- In 2002, Casey Family Programs contributed \$25,000 to support the training of agency workers and foster families.
- CFS has recently released a Request for Proposals for a comprehensive revision of the CFS practice manual. This "how to" manual will be used as a training guide at the New Worker Academy and as a resource for workers in the field.

## **D.1 SURVEY RESULTS**

**Survey Question:** In your experience, how adequate has staff training been in preparing you to work with children and their families?



## **D.1 SURVEY COMMENT SUMMARY**

**CFS Staff** - The majority of respondents mentioned that training, both formal and informal (co-workers, mentoring, on-the-job) has been helpful to them in working with children and their families. Sometimes the trainings are more procedurally oriented than practice oriented. Comments suggested improving the CFS practice manual so everything is in one place, and more frequent trainings on both administrative changes and direct practice. Positive comments were

received regarding efforts of program specialists to come to the regions to provide training and information.

#### **D.1 STATEWIDE SELF-ASSESSMENT ADVISORY GROUP OBSERVATIONS**

- There is a need for both entry level and more advanced training.
- When scheduling training, the IDHW should consider how information is disseminated to reach providers so they can participate.
- Training at pre-service level (through stipends) gives an opportunity to recruit new social workers.
- Universities are providing and should continue to assist with resource development; i.e., grants, evaluations, etc.
- A set of child welfare competencies needs to be developed and staff evaluated and trained against that standard.
- Identification of work force characteristics would strengthen recruitment and retention efforts.

##### **Strengths**

- Recognition that training is the basis of good skills.
- Statewide training is held for IDHW staff.
- IDHW invites community partners to its sponsored trainings.

##### **Needs**

- Training announcements need better dissemination to community members and stakeholders.

#### **D.1 SUMMARY**

Child welfare training in Idaho has a number of strengths including the New Worker Academy, partnerships with universities and the Casey Family Program, social work licensing requirements for continuing education and openness to participation by community providers including group home staff and children's treatment facility staff.

Plans are underway to continue to strengthen and increase worker knowledge, skills, performance, and statewide consistency. Each worker, including supervisors, could benefit from an individual staff development plan based on core competencies and performance measures. The plan could be monitored and supported by the worker's supervisor. During 2003, a focus on supervisors as trainers and shapers of practice will be implemented with the development of a supervisor academy. The CFSR will also help CFS to pinpoint areas where certain competencies need to be developed or built upon.

#### **D. Staff and Provider Training - Foster and Adoptive Families**

2. *Citing any data available to the state, discuss the effectiveness of the state's training of current and prospective foster and adoptive families and the staff of state-licensed or*

*approved child care institutions that care for children in the state's care or responsibility that address the skills and knowledge base needed to carry out their duties.*

New child care licensing standards (2001) require that each new applicant for a foster family home license shall receive an orientation and training related to the children's agency foster care program and services. Prospective adoptive parents are licensed as foster parents before a IDHW placement is made. All requirements which apply to foster parents are thus applied to prospective adoptive parents. Following the orientation and training, new applicants must complete no fewer than 10 hours of training within the 12 months following the issuance of an initial foster care license and followed by at least ten hours of training on an annual basis. IDHW may also identify specific training to meet the individual needs of a foster parent(s). Currently, all 7 regions require training for all foster families both relative and non-relative. In Region I, if a relative cannot attend a group orientation, it is done in the relative's home shortly following placement.

A statewide foster/adoptive parent curriculum committee made up of IDHW staff, Eastern Washington Training Institute staff and other participating state university staff, foster/adoptive parents, tribal representatives, and Casey Family Programs representatives met on December 3, 2002, and selected the PRIDE curriculum as the Idaho's official foster/adoptive parent training curriculum. The committee also purchased a Native American foster parent training curriculum from North Dakota. This curriculum is being reviewed by the committee's tribal representatives for incorporation into the PRIDE curriculum. This curriculum will be compatible with PRIDE as it was modeled after the PRIDE curriculum.

Ongoing training opportunities for foster parents continue to improve. Some regions pay the expense of day care, as well as the cost of training and lodging for foster parents to increase their skill level by participating in training both at a state and local level. Other regions pay a flat amount for training to help defray travel, daycare, and other expenses. On several occasions, foster/adoptive parents were financially supported to attend national conferences and meetings. These practices addressed a number of the concerns identified by foster parents in the survey.

IDHW and the Casey Family Program are currently collaborating on the development of a training plan for foster/adoptive families. Casey has done a training needs-assessment and key training needs have been identified. Casey has provided funding for training of agency staff and foster/adoptive parents across the state - \$25,000 per year since 2002. The \$25,000 allows IDHW to maximize the use of Title IV-E funds.

The Idaho Technical Assistance Program (TAP) is a collaboration between IDHW and Casey Family Programs. Idaho TAP provides technical assistance for workers and resources for children in state custody or guardianship. Idaho TAP can also continue to provide services if a child is adopted. Casey Family Programs has also partnered with Regions III and IV (southwest Idaho) to provide local training for the next several years.

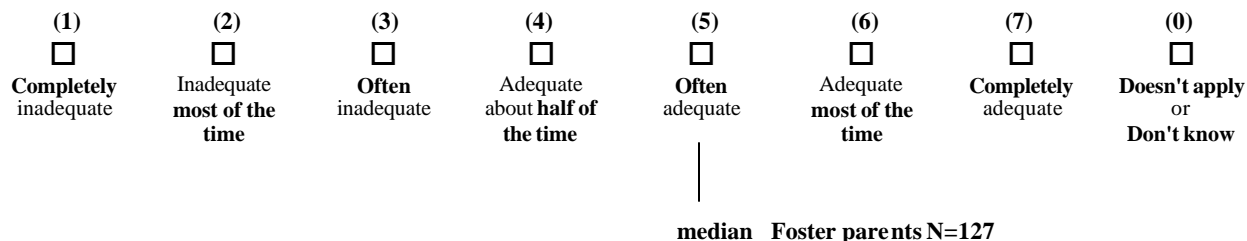
IDHW also contracts with Eastern Washington University for the training of foster/adoptive parents as well as staff. Addressing the needs of families providing care to children with serious emotional disturbance is also included. CFS trainings are open to foster/adoptive families.



Foster/adoptive families have provided some of the training at the New Worker Academy on how to support foster/adoptive families. There are typically 2-3 large foster parent training events per year. These are often co-sponsored by public and private foster care agencies.

## **D.2 SURVEY RESULTS**

**Survey Question :** In your experience, how adequate has training been in helping you to work with foster children, their families and with the Department?



## **D.2 SURVEY COMMENT SUMMARY**

**Foster Parents** - About one-half of the respondents commented that they had benefited from training. Twenty-five percent of the respondents commented that training was inadequate or non-existent. A number of foster parents reported resources outside IDHW as more helpful to them than some of the trainings available. The barriers of time, distance and lack of day care or day care reimbursement were mentioned by a number of respondents as reasons for not accessing available training. Some suggestions included specialized training for foster parents caring for infants/toddlers, teenagers, a manual or welcome packet for new foster parents, and having opportunities to learn from other more experienced foster parents.

## **D.2 STATEWIDE SELF-ASSESSMENT ADVISORY GROUP OBSERVATIONS**

- The need for standardized training for foster/adoptive parents
- Home visits by CFS workers with foster/adoptive parents could provide effective opportunities for teaching and learning, each from the other. Foster children are helped greatly by visits from their social worker.
- The need for ongoing training for foster/adoptive parents and child welfare staff
- The need for ongoing training on the role of the foster/adoptive parent

## **D.2 SUMMARY**

A workgroup made up of public, private, tribal agency staff and foster/adoptive parents has selected PRIDE as the official foster and adoptive care curriculum. Implementation could be as early as June 2003. Efforts continue through partnerships with private foster care agencies to bring training to foster and adoptive parents which is timely, relevant and accessible.

## **E. Service Array and Resource Development - Safety and Reunification**

1. *Discuss how effective the state has been in meeting the Title IV-B state plan requirement to provide services designed to help children safely and appropriately return to families from which they have been removed.*

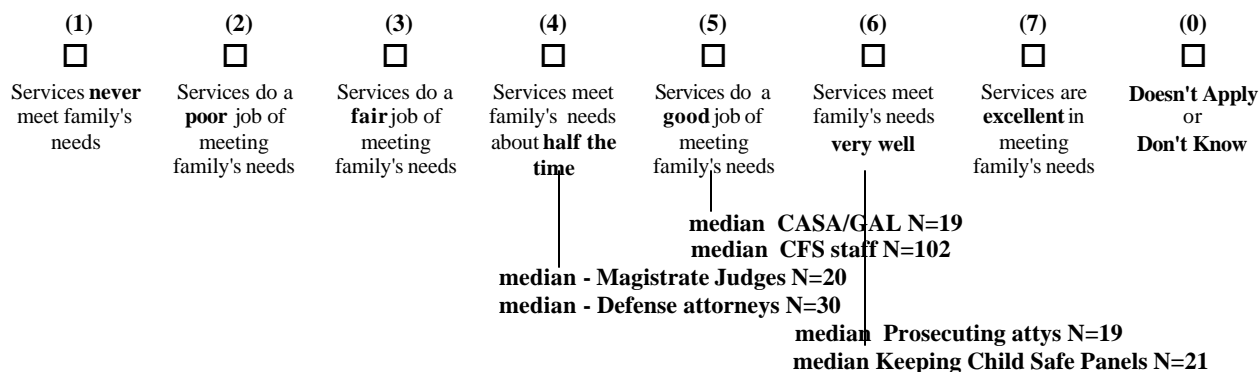
### **Family Reunification**

Included under the umbrella of family reunification are activities and services for families and children designed to facilitate the safe return of the child to the family within a reasonable time frame (usually the first 15 months of foster care). A number of very remote areas of Idaho struggle to have services available within the community. To obtain some services, the family may have to drive to another larger community with relevant resources. In rural areas, in addition to provision of direct services to families, staff is challenged with resource development. Regions have been able to use Promoting Safe and Stable Families (PSSF) funds to develop local resources. While there is an uneven distribution of services and potential providers in Idaho communities, examples of available family reunification services, provided both in-house and by contract, include:

- In-home and office-based parent education;
- Individual, group and family counseling;
- Substance abuse treatment including a part-time substance abuse services provider in each region;
- Mental health services including psychosocial rehabilitation services provided in the child's home during reunification;
- Domestic violence services;
- Parent aides;
- Transportation to services;
- Supervised visitation;
- Family Preservation Services in the form of intensive, in-home therapeutic services; and
- Expedited Section 8 certificates for housing so children have a home to return to at reunification.

## E.1 SURVEY RESULTS

**Survey Question 1:** In your experience, how effectively do Department services respond to the specific needs of the family? *Consider quantity, quality accessibility of services, and whether the services are customized for the family.*



## E.1 SURVEY COMMENT SUMMARY for Question 1

**CFS staff** appear concerned that services are not readily available in some smaller communities. They struggle with finding time and the providers willing to individualize a service plan. Depending on location, access to services may be adequate or inadequate. In some areas, treatment for substance abuse can be a challenge to access. Staff attempt to work within the constraints of limited money and other limited resources.

**Judges** appear concerned about foster care re-entry due to alcohol abuse. Some judges describe IDHW as a "can't do" organization, rather than an agency that searches for solutions. Judges commented that fathers need to be involved earlier in cases and actively involved in parenting. They identified lack of effort on the part of families as a concern.

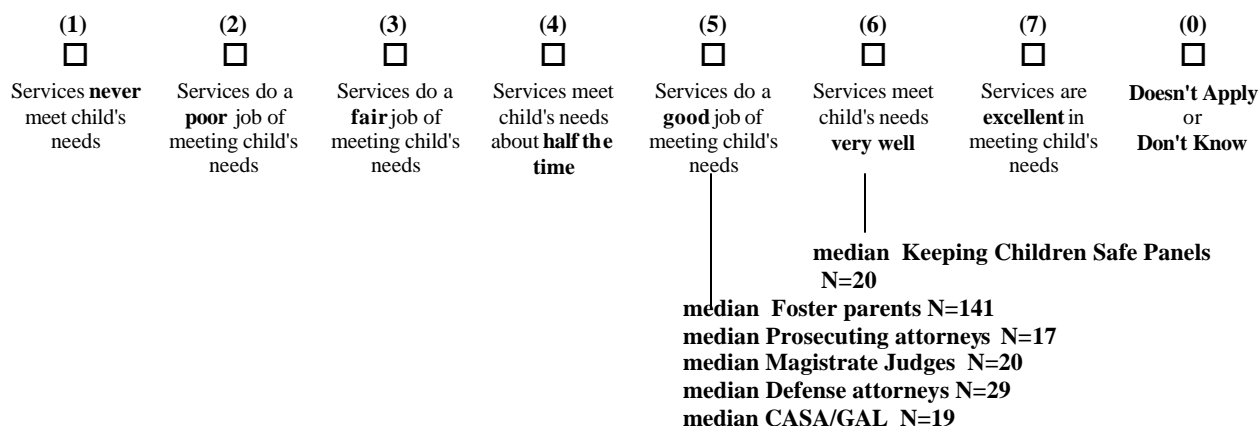
**Prosecuting Attorney** comments identified the need for case specific substance abuse treatment. Some prosecutors find that CFS does an excellent job of meeting a family's needs, others do not see case plans as being customized for individual families. They expressed concern over the ability to address mental health issues.

**CASA/GALs** commented that services tend to be geared toward parents and not necessarily toward the children.

**Keeping Children Safe Panel Members** reported concerns about high CFS caseloads, cutbacks, and a shortage of social workers. They recommend a cap on the size of child welfare caseloads.

**Defense Attorneys** comments included that CFS uses a "cookie cutter" approach to families and to case planning. Some commented that not enough social workers are taking critical cases to court, that workers are inflexible, that resources are limited, and that there is too much focus on reunification.

**Survey Question 2:** In your experience, how well do services provided by the Department to children in foster care meet the child's needs?



### E.1 SURVEY COMMENT SUMMARY for Question 2

**Defense Attorneys** reported feeling that too many children are in foster care, that children are removed due to inexperience, and others think children are not removed when they should be removed from their parents' custody. They recommended more resources, less worker turn over, and less arbitrary time frames.

**Keeping Children Safe Panels** appear concerned over limited resources, though they acknowledge that there may be more resources than in the past. They identified foster parents as overloaded and in need of an increase in their reimbursement rate. Panel member comments were mixed, with some finding CFS is doing an excellent job in the face of adversity, others were more critical of CFS's functioning.

**CASA/GALs** commented on positive work done by caseworkers. They recommended that casework focus on the children's legal and emotional needs including counseling. Comments included "the Department's hands are tied" and "parents are able to get their children returned even with little change in their behavior."

**Prosecuting Attorneys** commented that CFS workers are doing a good job of getting needed services for children. However, results are heavily dependent on the practice of individual social workers. They commented that there is little money for certain services such as evaluations. Prosecuting attorneys believe that children tend to get good care in foster care.

**Judges** commented that there are too many caseworker meetings, poor coordination with schools, and a lack of evaluation resources for mental and developmental disabilities. They identified CFS as moving too slowly and as ignoring teenagers with no parents.

**Foster Parents** commented that many times good service provision is dependent upon the individual worker. They praised workers' hard work and effort with limited resources. Foster

parents stated that sometimes there are problems with follow up by workers and accessing services after placement. Their comments reflected frustration with parents not completing their case plan in a timely manner, with too much focus on what the parents need rather than what the child needs, low foster care rates, lack of access to workers, delays in access to services, and low clothing rates especially for teens. Many of the responding foster parents are pleased with their workers and the services provided to them and to the children in their home.

#### **E.1 STATEWIDE SELF-ASSESSMENT ADVISORY GROUP OBSERVATIONS**

- Need to enhance resource development
- Need to improve service coordination
- Services should be available in all areas of the state
- Need to educate communities on services which are available
- Need for more substance abuse treatment
- Services need to be accessible
- A community resource guide for each community is needed

#### **E.1 SUMMARY**

The survey questions E.1 and E.2 asked about services to families and to children in general, not as specifically related to either reunification or prevention of placement services. In spite of a number of critical comments, overall, respondents rated IDHW as doing a good job making sure that children and families' needs are being met. Each region is allocated a budget to develop a service array to assure services are available to children and families in each community. An examination of contracts in place for both family reunification and prevention of placement reveal that the presence or absence of a service is largely determined by the availability of providers. Traditionally, contracts have been monitored by number of units of service provided, rather than by outcomes achieved. Promoting Safe and Stable Families funding has been particularly helpful to regions in expanding the available array of reunification services, as well as services to prevent removal of children from their homes.

### **E. Service Array and Resource Development - Prevention of Placement**

2. *Discuss how effective the state has been in meeting the Title IV-B state plan requirement to provide pre-placement preventive services designed to help children at risk of foster care placement remain safely with their families.*

CFS staff place a high priority on preventing removal of children from their homes when it is safe for them to remain there. If a Safety Plan can be successfully developed to keep a child safely in their family and home, that is the first priority. A combination of interventions is frequently used such as flexible funding, contracted services, case management, and community referrals.

In Idaho, only law enforcement can remove a child from their home. In some cases law enforcement may declare a child in imminent danger and only then call IDHW for a foster care placement. Law enforcement may or may not share the value of maintaining a child in his or her home or providing "reasonable efforts" to maintain a child at home. The use of county multidisciplinary teams provides a forum to discuss the importance of prevention activities and allows more understanding among agencies.

In some locations of the state, court intervention is sought so services can be monitored through the court. When there is substantiated report and the situation is considered appropriate for court intervention, but not removal of the child from the home, the court may place the child under (the court's) protective supervision. Under protective supervision, the child remains in the home with in-home services provided by IDHW and supervised by the court. To receive an order of protective supervision, IDHW writes a report to the court that states the relevant concerns. The court then orders the family to appear and considers the evidence for court intervention. Although protective supervision is an option outlined in Idaho's Child Protective Act, it is not practiced consistently throughout the state.

**Title IV-B (2)** has assisted in funding the following **examples** of prevention services:

- Private agency contract for intense services to prevent out of home placement;
- Contract for brief solution focused treatment by a professional counselor;
- In-home parent training to persons voluntarily working with CFS and families required to participate as a result of court involvement under the Child Protective Act. Services include child health assessment, resource assessment and referral, health and safety information, training and consultation;
- Contract for intensive in-home therapeutic services to prevent placement;
- Respite and crisis day care services; and
- In-home monitoring and support services where the child is home under Protective Supervision.

### **Family Preservation Services**

Family preservation services consist of intensive, family centered interventions designed to stabilize and improve family functioning in situations where the child is at imminent risk of being placed into foster care. The purpose of these services is to prevent placement, if the child can be safely maintained in their home. Family preservation services claim success due to small caseloads that allow frequent contact with families. Services are delivered to the family in their home.

### **Support Services**

Activities and services designed to support and strengthen the capacity of parents to meet the needs of their child. Examples of support services include:

- Parent educational services;
- Employment counseling and training services;
- Budget management;
- Legal services;
- Homemaker services;

- Respite care/child care;
- Temporary shelter/housing services;
- Referrals to food banks; and
- Transportation.

#### **Title IV-A Emergency Assistance (EA)**

This is used to fund child abuse prevention strategies. Financial resources are available to eligible families to assist with meeting needs which will reduce the risk of out-of-home placement; i.e., rent payment to avoid eviction and homelessness.

#### **Risk Assessment**

This is an assessment of the risk of child abuse and neglect. The risk assessment instrument reminds workers to consider the development of a Safety Plan to keep a child safe in their own home and avoid placement into foster care.

#### **Pretreatment Education and Support Program**

There are waiting lists for substance abuse treatment statewide. CFS has received a grant administered through the Rocky Mountain Quality Improvement Center to add a pretreatment education and support program component to its Child and Family Service Substance Abuse evaluation program. The program will allow CFS to immediately engage and support those parents with child maltreatment and substance abuse issues while they are awaiting substance abuse treatment.

#### **Idaho Children's Trust Fund**

The fund offers financial aid and technical assistance to child abuse prevention programs around the state. These programs improve the lives of Idaho's children by providing:

- Education and emotional support for parents
- Safety classes for children and teenagers
- Skills training for child care providers

#### **Community Resources for Families Program (CRFF)**

The program is a school/community-based child abuse and neglect prevention program. It is a joint venture between IDHW and local school districts. The program places social workers in participating elementary schools throughout the state. The program is administered by a CFS social worker in each region. The goals of the program are: (1) strengthening families to prevent child abuse and neglect; (2) increasing the ability of children to learn; and (3) increasing the self-reliance of families through utilization of community resources.

The Community Resources for Families Program has an excellent reputation as a child abuse and neglect prevention strategy. Features of the program include: (1) direct referrals from a child's teacher to the CRFF worker at the child's school; (2) social worker ability to offer voluntary services to the family related to the concern about the child; and (3) CRFF workers do not carry the stigma of "child protection investigators." Workers were able to be a "friendly face" from the school who could come to the family's home and discuss concerns.

In 2001, approximately two-thirds of the funding for the CRFF program was transferred from the

IDHW budget to local school districts. For every dollar IDHW spends on the program, the school district must contribute two dollars from its discretionary funds. The decision to continue with the program is currently up to each individual school district.

The Community Resources for Families Program included 93 districts before June 2001. Currently it includes 29 districts.

The majority of the CRFF school referrals are around issues attributable to neglect. Allowing an earlier intervention prevents the symptoms/behavior/risk from escalating and meeting the statutory definition of abuse or neglect. Table II.3 shows the change in Child Abuse and Neglect referrals between FY2001 and FY2002. While both physical and sexual abuse referrals decreased, neglect referrals experienced a significant increase.

Table II.3 Child Abuse and Neglect Referrals

	<b>FY 2001</b>	<b>FY 2002</b>	<b>% change</b>
Physical Abuse	2593	2127	<b>- 14%</b>
Sexual Abuse	939	633	<b>-32%</b>
Neglect	3247	4324	<b>+33%</b>
<b>Sub Total</b>	<b>6779</b>	<b>7084</b>	<b>+5%</b>
Other	2100	1529	-27%
Info & Referral	7272	7959	+9%

While there is no other corroborating data to support a cause and effect relationship between the increase in child protection referrals and the reduction of the Community Resource for Families Program, it does fit with the fact that teachers make the largest percentage of child protection referrals.

## **E.2 SURVEY RESULTS**

Survey questions did not directly address prevention of placement.

## **E.2 STATEWIDE SELF-ASSESSMENT ADVISORY GROUP OBSERVATIONS**

Group did not directly address prevention of placement.

## **E.2 SUMMARY**

Placement prevention services appear to be available in most areas of the state. The exceptions are substance abuse and adult mental health services which are not very accessible to families. The passage of ASFA and amended Idaho statutes have also helped refocus workers on safety as the paramount issue in determining if a child can remain in his or her home. Given Idaho's re-maltreatment and re-entry rates, services are certainly one of the factors implicated. It is clear that in some areas there are more services available than in others and the quality of services vary from one provider to another. Currently there are discussions regarding use of a differentiated or multi-track approach. It is believed that this could assist CFS to more



adequately focus on and address child welfare issues as well as the more severe reports of child abuse and neglect. CFS has had a difficult time identifying an adequate pool of in-home cases for the CFSR. Although social workers say they are offering services to prevent out-of-home placement, the services may be short term (less than 60 days). This will be an area that will be addressed with the site review and may be a factor in not being in compliance with the national standard regarding re-maltreatment. When asked, social workers say they often offer services, but without court intervention, families may refuse or do not follow through with service referrals.

## **E. Service Array and Resource Development - Adoption**

3. *Discuss how effective the state has been in meeting the Title IV-B state plan requirement to provide services designed to help children be placed for adoption, with a legal guardian, or if adoption or legal guardianship are determined not to be appropriate for a child, in some other planned, permanent living arrangement.*

Idaho has implemented a successful program of adoption recruitment for children whose families are unable to successfully reunify. The Idaho Wednesday's Child Program, launched in September 1998, has found permanent families for 148 children through its television, newspaper, magazine, radio and Internet programming. Most of the children introduced through this recruitment effort are 8- 17 years of age. Television programming reaches viewing audiences in most of Idaho and 4 surrounding states. Idaho's Wednesday's Child Program has garnered much attention nationally as Idaho continues to increase the number of children who are placed each year with adoptive families. IDHW Division of Family and Community Services' Wednesday's Child Program was awarded a national Department of Health and Human Services Adoption Excellence award for helping find permanent, loving homes for children with special needs. Idaho has also been recognized for its 97.7 % increase in adoptions of children in state custody between 1998 (47 adoptions completed) and 1999 (93 adoptions completed).

Idaho's foster care and adoption recruitment programs are closely aligned. This is important because many of the children in foster care are adopted by their foster or relative-foster family. In FFY 2002, Idaho completed 92 adoptions, 71 (77%) of which were adoption by the child's foster family. Twenty-one children (23%) were moved into active recruitment status when a relative or foster family could not be found as an adoptive resource.

Idaho also contracts with, or is a member of, a number of adoption exchanges. These exchanges provide regional and national exposure for children who are waiting for adoptive families. They expand Idaho's ability to search for potential adoptive families in other states.

Idaho implemented a Guardianship Assistance Program in SFY 2000, to help in recruiting individuals or families who would serve as a child's legal guardian when the agency had not been able to find an adoptive family for the child. Eligibility is limited to those children who are in the guardianship of IDHW, that is, when there has been a termination of parental rights. The Guardianship Assistance Program provides benefits modeled after the state's adoption assistance

program; i.e., nonrecurring benefits necessary to establish and finalize the guardianship, a monthly cash payment, and state funded Medicaid benefits.

The Idaho Technical Assistance Program (TAP) program provides technical assistance for workers and resources for children in the state custody or guardianship. Idaho TAP provides a good resource for many older children who have consistently stated they do not wish to be adopted. Once stabilized with a family, some of these teens and their foster families have decided to pursue adoption. When children are adopted, Idaho TAP may continue to provide resources and services to enhance the youth's ability to live independently.

Some children in Idaho are experiencing delays in finding adoptive families. Caseload size and court scheduling can be major barriers in moving these cases forward to adoption finalization. Statistics provided by Idaho's Wednesday's Child Program support research that shows a broad-spectrum recruitment effort as the most effective approach in searching for an adoptive family for a child. Training and technical assistance is being provided to educate workers on how to conduct broad-spectrum recruitment for children in need of permanent homes.

Training which brings together CFS workers, judges, prosecutors, and public defenders is now addressing the issue of early adoption recruitment especially when there remains a legal risk for the child. Some of the regions are requesting a judicial "Consent to Search" to begin an early search for a potential adoptive family. Other regions are hesitant to attempt such recruitment. Regions report that courts and public defenders are resistant to such efforts, suggesting it demonstrates IDHW's lack of commitment to family reunification.

Expanded adoption training targeting children's permanency needs is being implemented to address worker skills and knowledge in the area of timely permanence. These issues are also being addressed through the Idaho Supreme Court Committee on Reducing Delays in Foster Care as it looks at options to help children move through the foster care system in a more timely manner.

In general, there is a need for additional services for older youth in need of adoptive families. Youth often have misconceptions about what it means to be adopted. It is important that counseling or other supportive processes be provided so youth have the opportunity to make an informed choice regarding their own permanency. There is also a gap in the availability of families to adopt older and especially troubled youth.

### **Availability and Accessibility of Adoption Services**

Adoption recruitment is being re-tooled towards a foster/adopt recruitment program as well as recruiting for families who are only interested in adoption. IDHW is actively involved in an advertising recruitment contract with PBZ Marketing in Boise to address Idaho's need for more families with Hispanic heritage, Native American families, and families who will take older children and sibling groups. Recruitment materials are being produced in both English and Spanish. Idaho's adoption application is also currently being translated into Spanish. Spanish translation services are available for clients in field offices, as needed.

Local field offices, with the help of four regional adoption councils, are promoting service accessibility for families interested in adoption. The combined efforts of state staff, private adoption agency personnel and Idaho's "Qualified Individuals" (private, certified individuals who provide independent home study and follow-up services for families), help target and address service needs for families and children. Waiting lists for families who wish to obtain a home study through IDHW have developed due to limited capacity and cutbacks within the agency. Many families are now referred to private agencies or Qualified Individual's(QI's) for home study services. In Idaho, special needs home studies must be completed by IDHW or another licensed agency.

Families living in remote areas of the state do have to travel long distances to participate in pre-service or pre-placement adoption training sessions. Region I and Region V have also developed contracts for adoption home study services for families referred by CFS staff. These contracts are funded with Promoting Safe and Stable Families (PSSF) and Adoption Incentive funds.

### **Service Evaluation**

The Wednesday's Child Program has developed a tool to capture worker feedback on ease of use of the program, recommendations for improvement, timely access, matching of the child's interests with activities used for video production, and worker satisfaction with both the process and outcomes. Workers receive and are encouraged to respond to the confidential survey instrument within one month following the child's participation in the process.

### **Quality and Effectiveness of Services**

Post-adoption services are provided by the regions. Regional capacity to provide these services, however, varies widely across the state. With the movement of responsibility for Adoption Assistance services from Central Office to regional offices, families have a local worker to assist them in the development of agreements. Families living outside the State of Idaho are served by the Adoption Program Specialist in central office. Although adoption assistance services are regionalized, signature authority on agreements and adoption assistance funding remain with central office. Maintaining these functions helps provide consistency to families and regions in negotiating adoption assistance benefits. It should be noted that no staff resources followed adoption assistance services to the regions. However, the state's Adoption Program Specialist provides training and technical assistance.

## **E.3 SURVEY RESULTS**

Survey questions did not directly address adoption.

## **E.3 STATEWIDE SELF-ASSESSMENT ADVISORY GROUP OBSERVATIONS**

The group made a couple of comments regarding adoption:

- In many regions, cases are assigned to an adoption or "permanency" worker after the Termination of Parental Rights has been completed. Concern was expressed that the transfer of cases to a new worker may lengthen the time to achieving permanency.

- The importance of adequately preparing children for adoption was emphasized.

### **E.3      SUMMARY**

Idaho has done a great deal in the last 4 to 5 years to promote adoption of children who are unable to be reunified with their family. In some cases delays continue due to a number of identified barriers. While Idaho is currently meeting the permanency standard for children in care, our partners including courts, attorneys, GAL's, as well as CFS workers continue to work to reduce the length of time it takes to achieve permanency for children.

## **E.      Service Array and Resource Development - Accessibility**

4. *Describe the extent to which all the services in items 1-3 are accessible to families and children on a statewide basis.*

Currently, accessibility to services **depends** on a number of factors:

- Travel distance
- Weather
- Regional allocation of resources
- Worker knowledge of local resources
- Percentage of service providers who accept Medicaid
- How local district school resources are allocated
- Availability of local qualified and interested providers
- Presence of a CFS field office

CFS has attempted to get services to all areas of the state through a number of strategies including:

- Conference calls
- Use of e-mail with families
- Teleconferencing/telemedicine (newly implemented)
- Negotiations with Medicaid to reimburse provider travel
- Partnerships with other local agencies needing services provided such as a school, clinic
- Location of field offices
- Partnerships and contracts with local district health departments, psychiatrists

### **E.4      SUMMARY**

Distribution of funds to the regions allows for local resource development. Each of the 7 regions in the state have services designed to prevent placement of children into foster care, remediate risk of child abuse and neglect and support reunification. In very remote areas a family may need to travel to the main city in the region to access services. IDHW often arranges or assists with transportation when it is a barrier to the family receiving services.

## **F. Agency Responsiveness to Community - Community Stakeholders**

1. *Discuss how effective the state has been in meeting the requirement to consult and coordinate with external community stakeholders in the development of the state's Child and Family Services Plan (CFSP). In responding, discuss how the concerns of stakeholders are addressed in the agency's planning and operation and their involvement in evaluation and reporting progress on the agency's goals.*

Since 1994, public participation has been used to gather input regarding IDHW rule and policy development. Additionally, IDHW has participated in negotiated rulemaking to promote maximum involvement by citizens on how IDHW business should be conducted. There have been a variety of benefits from public participation including a more knowledgeable citizenry, satisfaction of having the opportunity to participate, increased trust, and more informed rule and policy making.

### **Citizen Review Panel**

IDHW administrative rule requires a citizen review panel be operational. Idaho has a Citizen Review Panel in each of the state's seven geographic regions. The Citizen Review Panels were implemented in 1997 and have chosen to call themselves *Keeping Children Safe Panels (KCS)*. Each panel is composed of volunteer members who represent their respective community and have received training on IDHW policies and practices, Idaho law, child abuse, and other issues related to child welfare. Panels typically meet monthly to receive additional training, to discuss systemic issues, and to review child protection/foster care/adoption cases. Annually, members of all panels attend a statewide meeting where they discuss their accomplishments over the past year, review Idaho's Comprehensive Title IV-B Plan, exchange ideas and recommend projects for the coming year, make recommendations to the Department Director related to child welfare services, and receive a report from IDHW on the status of their recommendations from the previous year.

All members of the KCS panels have been aware of the CFSR process. Two KCS panel members serve on the statewide self-assessment advisory group. They reported on the self-assessment results and process at the annual KCS panel members meeting.

IDHW also partners and works with the Governor's Task Force on Children at Risk in receiving input on the IV-B plan. The Task Force is appointed by the Governor and funded with Children Justice Act funds. Members represent each region of the state and include the following affiliations: Child advocate attorney, parent advocate, IDHW, advocate for disabled children, prosecuting attorney, judge, law enforcement, probation and parole, defense attorney, health professional, Hispanic/education representative, private practice counselor who deals with children's victimization, and juvenile corrections. The Governor's Task Force on Children at Risk meets monthly with the exception of July, August, and December. The IDHW works closely with the Task Force, providing them with regular updates regarding IDHW activities. We also partner with them in sponsoring trainings and working on joint projects.

Idaho's Court Improvement Project, the Supreme Court Committee to Reduce Delays for Children in Foster Care, is another valued partnership. They also give input on the IV-B plan and IDHW's activities. On the committee each region is represented by a magistrate. Additionally, representatives of prosecuting attorneys, deputy attorneys general, defense attorneys, juvenile probation, tribes, Guardians Ad Litem, and the IDHW serve on the committee. They meet quarterly to discuss the importance of safety, permanency, and well-being of children.

Quarterly, IDHW brings together representatives from Idaho's six tribes to meet as the Indian Child Welfare Committee. During these meetings they discuss issues pertaining to Indian children, including the independent living plan and the activities connected with the IV-B plan.

### **F.1 SURVEY RESULTS**

This area was not included in the survey.

### **F.1 STATEWIDE SELF-ASSESSMENT ADVISORY GROUP OBSERVATIONS**

Development of the state's Child and Family Services Plan was not addressed by the Self-Assessment Advisory Group.

### **F.1 SUMMARY**

As a result of meeting regularly with our citizen review panels, the Governor's Task Force for Children at Risk, the Supreme Court Committee to Reduce Delays for Children in Foster Care, and representatives from Idaho tribes, IDHW is able to consult with external community stakeholders in the development of Idaho's Child and Family Services Plan. In the consultation and reporting process, IDHW is open to input from our partners. Thoughts and ideas are evaluated and in most instances are incorporated into the agency's plan.

It should also be noted that initial and final drafts of the state's Child and Family Services Plan are posted on the internet so IDHW can receive comments and suggestions from any person interested in issues involving the welfare of children and families in Idaho.

## **F. Agency Responsiveness to Community - Coordination with Others**

2. *Discuss how effective the state has been in meeting the state plan requirement to coordinate its services with the services and benefits of other public and private agencies serving the same general populations of children and families.*

Integrated within IDHW's strategic plan is the goal of developing partnerships and working with citizens in the community. IDHW, including Children's Mental Health, has a number of both

state level and local Memoranda of Agreement with other public agencies such as the State Department of Education, local school districts, the Department of Juvenile Corrections, and local county juvenile probation departments.

As mentioned in a number of places in this self-assessment, IDHW collaborative work with Casey Family Programs is diverse. In addition to partnerships regarding foster care and foster/adoptive parent training, Casey is providing Community Transition Services to young people in transition to adulthood in Region III and IV. There is one full-time social worker and case assistant assigned.

All counties are required to assess and staff cases of child abuse and neglect using a multidisciplinary team approach. Thirty-seven of the forty-four Idaho counties report they have some form of multidisciplinary team that deals with cases of child abuse or neglect. IDHW participates in and encourages the use of multidisciplinary teams to coordinate assessments and services involving children and families in Idaho.

In coordinating efforts with public and private agencies to serve children and families, clinicians and social workers in local field offices partner with hospitals, doctor's offices, schools, and the faith based communities.

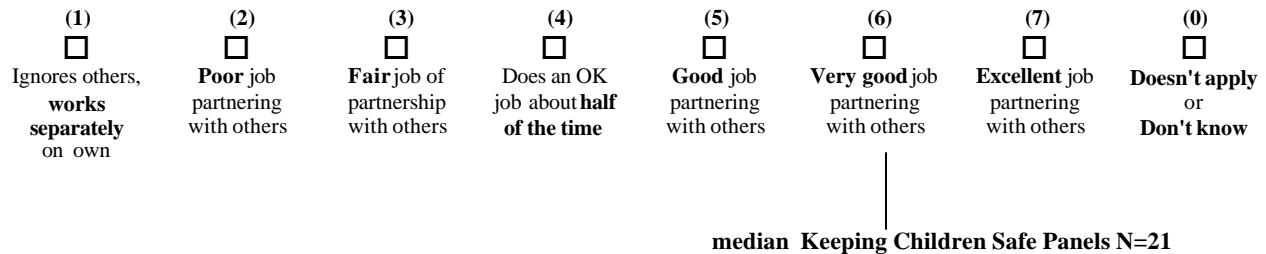
On a regional and statewide level IDHW partners with Idaho's universities, the Foster Parent Association, the statewide Child Mortality Review Team, legislators, Idaho's Kinship Coalition, Idaho Children's Trust Fund, and any others who are involved in preventing child abuse or neglect or serving the same general population of children and families who come to the attention of child welfare.

As part of IDHW's strategic plan, Goal 5 is to identify and recommend solutions for opportunities to align structures, people and technology while improving communication and customer services in support of the desired outcomes of all other goals in the IDHW strategic plan. Phase I of this goal implementation was the IDHW reorganization described in Section I. Phase II is integration of IDHW services. These services include Medicaid, Welfare, Health, Developmental Disabilities, Mental Health, Child Protection, with Licensing and Certification, Human Resources, Administrative Procedures, Facilities, Management Services and Information Systems supporting the functioning of an integrated system of service delivery. The vision is a customer-driven system where any person needing IDHW services could come through one door and receive what they need and that there will be one integrated service plan to guide both the person or family, as well as IDHW and publicly funded service providers toward positive outcomes for the person or family.

Working agreements with other public and private agencies helps to coordinate services and make wise use of resources.

## **F.2 SURVEY RESULTS**

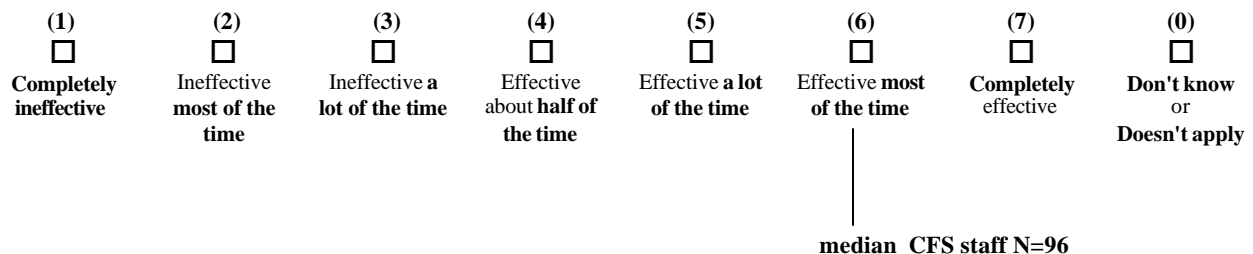
**Survey Question 1:** In your experience, how well does the IDHW partner with others in the system such as the courts, hospitals, law enforcement, MDT's and service providers?



## **F.2 SURVEY COMMENT SUMMARY for Question 1**

**KCS Panel Members'** comments are variable. They go from praise of IDHW and its outreach to build partnerships, especially with the courts, to more critical remarks regarding IDHW coordination with local detention centers.

**Survey Question 2:** In your experience, how effective is the Department in responding to the community's response expectations to child maltreatment?

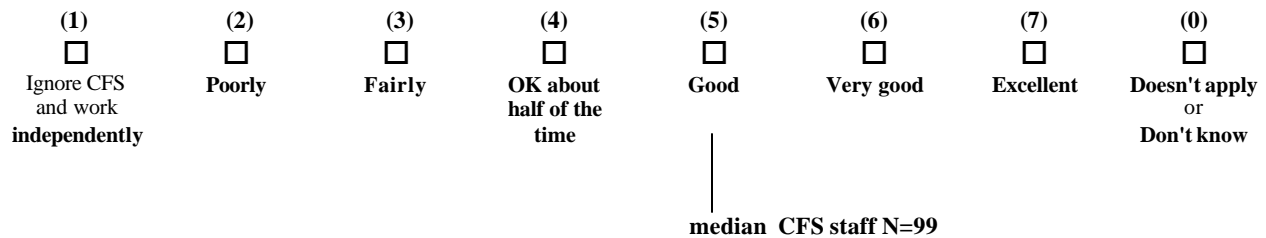


## **F.2 SURVEY COMMENT SUMMARY for Question 2**

**CFS Staff -** The vast majority of responses reflect concerns that communities don't understand child protection, the law, and the limits of IDHW's authority to intervene. As things continue to change, community education becomes even more critical to improve our relationships with community members and their understanding of child abuse and neglect, CFS and IDHW as a whole. A small number of responses reflected a belief that the community was satisfied with our performance as a partner.



**Survey Question 3:** In your experience, how well do other systems partner with Children and Family Services? (i.e.; courts, hospitals, law enforcement, MDT's, and service providers)



## **F.2 SURVEY COMMENT SUMMARY for Question 3**

**CFS Staff-** "Most other systems have a working relationship with IDHW that is good enough to get the job done" summarizes the comments. Some relationships have been challenging to develop. Many have noticed improvements in the last year in working with courts.

## **F.2 STATEWIDE SELF-ASSESSMENT ADVISORY GROUP OBSERVATIONS**

- IDHW has some excellent partnerships/ collaborations with local communities.
- Responsiveness to communities is professional and coordinated well with public interest in mind.
- Children & Family Services is making good efforts to work with partners.
- The process used to rewrite the child-care licensing standards is an example of good response to the community
- Public expectations are often unrealistic given state laws, Department rules, and regulations.
- Need to create more public awareness about services and how to access these services.
- Need to empower foster parents and caretaker relatives with more knowledge of how the system operates and what they can expect.
- Public needs to be knowledgeable so they can provide input.
- State workers need training on ICWA with emphasis on tribes' ability and desire to intervene and transfer jurisdiction.
- Need better communication and definition of IDHW role when working with people in the community.
- IDHW responses to communities frequently do not address specific issues but redirects to generalities.
- Responses to communities vary from individual to individual and region to region.
- Adolescents are not getting the attention they deserve such as enough services.
- Need to survey community partners (other than KCS panels) to get accurate feedback.
- IDHW need to constantly question - "are we involving the right people?"
- "Agency only" input is biased. Stakeholders give input from a different perspective.
- Once IDHW asks for input, it should act on it...at least need to make it clear as to what will be done with the information.

- Public input is important - identify and recognize various ways of sharing information.
- Stakeholder input tends to be informal.
- Public input is important. Supervisors want it, but caseworkers often take it personally.
- Various methods of public participation like multi-disciplinary teams and Keeping Children Safe panels are great, but they seldom relate to resource issues.
- Service providers should be involved in case reviews via the telephone.
- Line staff should be involved in the development of improvement plans.

## **F.2 SUMMARY**

Survey results suggest that IDHW is doing a very good job partnering with others and likewise, other systems are "good" at partnering with IDHW. Openness and collaboration has greatly promoted solid partnerships.

## **F. Agency Responsiveness to Community - Other Agencies**

3. *Does the agency have any agreements in place with other public or private agencies or contractors, such as juvenile justice or managed care agencies to perform Title IV-E or IV-B functions? If so, how are the services provided under the agreements or contracts monitored for compliance with state plan requirements or other program requirements and accurate eligibility determinations made, where applicable?*

IDHW's contracts for Title IV-B services are limited to those discussed under Service Array - Placement Prevention (E.2), Service Array - Reunification (E.1), as well as foster and adoptive parent recruitment and licensing.

All contracts are governed by IDHW contract policies and procedures. All service contracts must include performance measures for monitoring. Contractors should have a Quality Assurance Plan (QAP) and be able to describe how they will establish and maintain the level of quality performance as stated in their proposal. Through monitoring, IDHW should be assured contractors are conforming to contract requirements. Quality Assurance Plans are developed individually for each contract. Because they are developed individually, compliance with state plan requirements can be easily incorporated.

## **F.3 SURVEY RESULTS**

No survey questions directly addressed contracted Title IV-B services.

## **F.3 STATEWIDE SELF-ASSESSMENT ADVISORY GROUP OBSERVATIONS**

No comments were directly made about Title IV-B service contracts.

### **F.3    SUMMARY**

Title IV-B service contracts are limited to family reunification and placement prevention. Some regions have established foster/adoptive family recruitment and licensing contracts. Title IV-B funding is used to contract with public and private providers to provide prevention and/or reunification services. All contracted services are monitored for compliance as outlined in IDHW contract policy and procedure.

## **F.    Agency Responsiveness to Community - Indian Child Welfare Act**

4.    *Citing any data available, discuss how effective the state has been in meeting state plan requirements for determining whether children are American Indian and ensuring compliance with the Indian Child Welfare Act.*

IDHW's efforts to train workers on the Indian Child Welfare Act (ICWA) have included: Statewide training on compliance with ICWA; The Indian Child Welfare Conference in 1996, 1999 and 2001; the New Worker Academy; and individual case consultation.

In completing case documentation, the FOCUS information system prompts workers to answer the following question: "Does this child have Indian heritage?" Social workers are also prompted to ask this question as part of the risk assessment process. Additionally, workers are reminded to review the child's ethnicity, every six months, as they complete a new Alternate Care Plan. In the case of an Indian child, the alternate care plan includes a question of whether or not there has been compliance with ICWA. If parents self-disclose that their child has Indian heritage, the social worker enters this information into the FOCUS information system and begins to pursue compliance with ICWA. CFS's tribal notification policy FACSPM 98-01 gives very detailed instructions to workers on how to proceed in complying with ICWA, as do IDHW's promulgated Rules Governing Family and Children's Services.

Currently, IDHW has approximately one hundred thirty (130) ICWA cases identified in FOCUS. Because race is entered on the basis of self-disclosure, we do not know what percentage of those cases involve children who are Indian for purposes of ICWA, Indian because of heritage and not for ICWA, or not actually Indian for either purposes of ICWA and heritage. Once race is entered into FOCUS, it cannot be corrected without a labor intensive "data fix."

Tribal Social Services in four of the six Idaho tribes provide services to Indian children, families and other tribal members residing on a reservation. The Kootenai Tribe and the Northwest Band of the Shoshoni Nation have no tribal court. The Shoshone-Bannock Tribes and the Nez Perce Tribe have an organized foster care programs where foster parents are reimbursed for the care of tribal children. Indian children in tribes without a foster care program are often placed with family members where reimbursement may come from Temporary Assistance to Families in Idaho (TAFI), Idaho's federal Temporary Assistance to Needy Families (TANF) program. The needs and number of children and families served by Idaho tribes is not known to IDHW. When a tribe needs assistance with an investigation or resourcing a plan, they may contact the local regional office. Assistance has often included access to and payment for expensive, restrictive levels of care such as residential psychiatric treatment. IDHW annually shares \$200,000 of

Social Services Block Grant funds through contracts targeted to enhance child welfare services with Idaho tribes. This has been in effect since 1993.

IDHW's Indian Child Welfare Program Specialist completes a biannual review of all Indian children placed in state custody to ascertain compliance with ICWA, to review services provided, and to assess progress on the case.

The ICW Program Specialist meets at least twice per year with each tribal council to receive input and to share information about Idaho's comprehensive plan. There is also an Idaho State and Indian Tribal Child Welfare Committee that includes representatives from each of the tribes. Historically this committee met quarterly. With current budget reductions the frequency has been reduced to three times per year. Both of these regular contacts provide an opportunity to receive input from each tribe on regional-tribal partnerships. Working closely with Idaho tribes also increases the likelihood of culturally relevant services to Indian children in IDHW custody.

In most regions, workers do a good job of tribal notification, as mandated by ICWA. The largest challenge in complying with ICWA continues to be the lack of Indian foster homes. This is due to the very small number of Indian foster homes available. Currently, there are ten Indian homes statewide. IDHW is in the early stages of an Indian foster home recruitment project. In order to address the need for Indian homes, IDHW and Idaho tribes are focusing on more tribally driven and culturally relevant recruitment strategies.

IDHW has approached each tribal council in the past fiscal year regarding the provision of expert witness testimony. The tribes are being asked to designate someone as an expert witness for their tribe in ICWA cases and advising them that IDHW will move to the next expert witness preference if the tribal council does not designate an individual.

IDHW has identified the need to provide ongoing regional training addressing areas such as “active efforts,” culturally relevant services, and when to ask for technical assistance from the Indian Child Welfare Program Specialist. Idaho tribes have expressed a renewed interest in pursuing Title IV-E agreements with the state in order that they can finance the care of Indian children in out-of-home care.

#### **F.4 SURVEY RESULTS**

No survey questions directly addressed this issue.

#### **F.4 STATEWIDE SELF-ASSESSMENT ADVISORY GROUP OBSERVATIONS**

Advisory group members commented that state workers need training on ICWA with emphasis on tribes' ability and desire to intervene and transfer jurisdiction. Tribal representation was invited to participate in the self-assessment process. Letters were sent to all six tribal councils asking for their support and partnership in the CFSR process. Two tribal representatives were selected and invited to participate on the self-assessment advisory committee. The tribes were not surveyed unless some members fell into one of the groups which were surveyed, ie. foster parents. The tribes were not surveyed as this did not appear to be the most culturally relevant

way to gather input from tribal members. Input was sought regarding the CFSR during the regular contacts made between the tribes and the Indian Child Welfare Specialist. The specialist attended at least two tribal council meetings to discuss the CFSR. It has also been an item on the Idaho State and Tribal Indian Child Welfare Committee agenda.

#### **F.4 SUMMARY**

Ongoing training and consultation are in place to enhance compliance with ICWA. Idaho tribes have their own tribal court and foster care systems. Education regarding the Indian Child Welfare Act is an ongoing need for both Indians and non-Indians. There is a limited number of Indian foster homes. In the Rules Governing Family and Children Services, IDHW gives full faith and credit to whatever approval process a tribe has regarding a family's suitability to provide foster care. A tribally endorsed family recruitment plan has begun which should increase the number of Indian foster homes. Educating workers to provide active efforts in the form of culturally relevant services is on-going.

### **G. Foster and Adoptive Home Licensing, Approval and Recruitment - Maintaining Standards**

1. *Discuss how effective the state has been in meeting the requirement to establish and maintain standards for foster family homes, adoptive homes, and child care institutions in which children served by the agency are placed.*

IDHW Rules Governing Standards for Child Care Licensing had numerous gaps and had been in need of major revisions for a number of years. These administrative rules cover foster homes, adoptive homes, Children's Residential Care Facilities and Children's Agencies. A completely new set of Child Care Licensing Standards (administrative rules) were developed by a workgroup with both public and private representation. The rules were negotiated with the public and became effective March 31, 2001. A staff member from the National Association for Regulatory Administration (NARA) acted as a consultant and also participated in the actual rule drafting.

The new Child Care Licensing Standards are comprehensive in scope. The goals of Safety, Permanency, Health and Well-Being guided the group's decision making process. Many of the identified gaps had to do with safety and were incorporated into physical environment and family suitability factors. Following is a brief listing of the areas which were added (++) or strengthened (+) and are now required by rule:

#### **Foster Care**

- ++ Foster Parent training
- ++ Pet restrictions (aggressive dogs)
- ++ Carbon monoxide detection devices
- ++ (Safe) transportation of foster children
- + Firearms and ammunition
- ++ Religious and culture practices

- ++ Medical and dental care (no medication adjustment without physician direction)
- ++ Behavior management and discipline including use of restraint
- ++ Continuation of foster care for older youth (over 18 years)
- ++ Restrictions on interagency placement of children (helps to avoid inappropriate mixing of foster care populations)
- ++ Foster parent duties

#### **Children's Residential Care Facilities**

- ++ Minimum qualification for staff: age, education and experience
- ++ Use of physical restraint
- ++ Staff training
- ++ Rules for Outdoor Therapeutic Programs
- ++ Rules for International Adoption Standards

### **G.1 SURVEY RESULTS**

No survey question directly addressed adequacy or effectiveness of licensing standards.

### **G.1 STATEWIDE SELF-ASSESSMENT ADVISORY GROUP OBSERVATIONS**

Comments of the group included:

- Changes in the Child Care Licensing Standards filled some large gaps in foster parent standards; and
- The public participation process for the development of the new Child Care Licensing Standards was highly praised.

### **G.1 SUMMARY**

For many years the Child Care Licensing Standards have been silent on some issues critical to the safety, health and well-being of children in foster care and in residential care. IDHW mobilized a large public participation process to gather input on these rules. It resulted in a complete rewrite of the standards based on input from the public and the diverse membership of the workgroup. This rewrite has resulted in increased safety for children in alternate care in a number of vital areas including foster parent training requirements, pet restrictions (aggressive dogs), carbon monoxide detection devices, firearms and ammunition, religious and culture practices, behavior management and discipline including use of restraint, and restrictions on interagency placement of children. Residential care facilities standards were improved in the areas of minimum qualification for staff: age, education and experience, use of physical restraint, and staff training requirements.

## **G. Foster and Adoptive Home Licensing, Approval and Recruitment - Standards Are Applied Equally**

2. *Citing any data available to the state, discuss how effective the state has been in meeting the state plan requirement to ensure that the state's licensure standards are applied equally to all foster and adoptive homes and child care institutions that service children in the state's care or custody.*

Idaho's Child Care Licensing Standards require that for the placement of any child in state custody, either through a court order or through a voluntary placement agreement, that the standard of practice is full, regular foster care licensure. Standards are equally applied to both relative and non-relative foster families.

A family may not be licensed when the family is found to have:

- Any valid complaints of child abuse and neglect; or
- Any valid complaints of adult abuse or neglect; or
- Any criminal convictions or withheld judgement for a misdemeanor or felony crime; or
- Any failure to meet and satisfy all foster care licensing standards.

A full, regular foster care license may be issued only if a prospective foster family has met all foster care licensing standards. All foster care licensing standards must be evaluated and met for any relative foster family unless the relative foster family has been approved for a "waiver" of a non-safety related licensing standard.

The term "waiver," as it applies to foster care licensing, is defined as the non-application of a foster care licensing standard extended only to a relative foster family. The waiver must serve to promote a child's well-being, while not compromising their safety. In order for IDHW to consider the waiver of a foster care standard for any relative family, the following requirements must be satisfied:

1. A waiver may only be considered for relatives as defined in FACS Policy Memo 00-03 - Relative is a person having a relationship with a child by blood, marriage, or adoption. Relatives include grandparents, siblings, and extended family members such as aunts, uncles, and cousins;
2. No waiver may be approved for non-relatives;
3. A waiver may only be considered on an individual, case-by-case basis;
4. Only non-safety foster care standards may be waived. The standards related to safety may not be waived. Examples of non-safety foster care standards include:
  - Income and record keeping standards
  - Training requirements
  - Bedroom and sleeping arrangements
  - Maximum number of children residing in the home

Relative foster families who receive a waiver of a non-safety foster care standard will be considered to have satisfied the requirements for full, regular foster care licensure.

When the agency approves the waiver of a foster care standard this information must be documented in the body of the foster care licensing study. This documentation must describe the reason(s) for issuing a waiver, what licensing standard is being waived, and how child safety will be assured. In addition, the continuing appropriateness of a waiver must be reviewed, approved, and documented in the family's foster care file at regular intervals not to exceed six (6) months.

While the full, regular licensure of a relative family is the standard of practice, it's recognized there may be times where it is not practical to license a relative's home prior to the placement of a child. These situations will most likely occur during after-hours, emergency conditions or in circumstances when delaying a child's placement with a relative would be harmful to the child's well-being. Children are not to be placed with a relative without some assurance the relative family is suitable and will not compromise a child's safety. When a relative is being considered for the emergency placement of a child who is in the state's custody, the following procedures must be addressed and documented in the case record:

- A self-declaration form must be completed by all adults residing in the household. If there is any reported history of unlawful behavior or valid child abuse or neglect, the emergency placement is prohibited.
- A check of the statewide child abuse and neglect registry for all adult members of the household must be completed by the placing agency. If there is a history of valid child abuse or neglect involving any adult in the home, placement is prohibited.
- An on-site visit to the residence in which the child is being considered for placement is required to assure adequate health and safety standards.
- An assessment of the relative caregiver's ability to meet the child's needs and cooperate with the agency in case planning activities has been completed.

When the placement of a child in the state's custody is made under the provisions of these emergency procedures, a timely referral is to be made to foster care licensing staff to initiate the process of the full, regular licensure of the relative family. Until the family is issued a regular foster care license, no foster care payments may be made using Title IV-E funds. Non-relatives are excluded from placement consideration and approval of any child in the state's custody under the provisions of these emergency placement procedures.

There is an appeal process through Administrative Procedures for any individual who applies to become a foster parent and is refused a license. Relative and non-relative caregivers both have due process under this appeal provision.

## **G.2 SURVEY RESULTS**

No survey question directly addressed this issue.



## **G.2 STATEWIDE SELF-ASSESSMENT ADVISORY GROUP OBSERVATIONS**

The Statewide Self-Assessment Advisory Group shared concerns related to relatives becoming licensed foster parents for child other than their relative child because these families are often not well prepared to deal with children beyond their own relative child in foster care. For relative foster parents, there is also the potential for a conflict of interest relationship where the relative caregiver is both a client (as a member of the family) and service provider (to other foster children). Relative foster parents often express confidence about fostering based on the experience with their relative child.

## **G.2 SUMMARY**

Idaho, like other states, tries to place foster children with relatives whenever it is safe to do so. Relatives can often provide family continuity for a child and make the situation seem more "normal." Licensing standards apply equally to all facilities and private homes, including relative placements. Relatives may, however, be granted a "waiver" for a non-safety related standard. This waiver is only considered in relative placements and may not be applied if the relative wishes to care for non-related children. Both relative and non-relative caregivers have the right to appeal decisions made by IDHW regarding foster care licensure or actions taken to remove the child from their foster home.

## **G. Foster and Adoptive Home Licensing, Approval and Recruitment - Criminal Background Clearances**

3. *Citing any licensure or safety data available to the state, discuss how effective the state has been in meeting the state plan requirements to conduct criminal background clearances on prospective foster and adoptive families, including those being licensed or approved by private agencies in the state. How does the state address safety considerations with respect to the staff of child care institutions and foster and adoptive families (if the agency has opted not to conduct criminal background clearances on foster care and adoptive families)?*

IDHW has been conducting criminal history background checks on employees, alternate care providers, and contractors since 1988. Over that time, the process has continued to evolve and improve. Currently, Idaho has "opted out" of the ASFA criminal history check requirements. However, Idaho standards appear stricter than those required by ASFA and do require a criminal history check.

In Idaho, a state and local criminal history background check must be completed for all adult household members of the foster care home who are 18 years of age or older. The adults complete a self-declaration and are fingerprinted. Child abuse, adult protection and sexual offender registries, as well as the Medicaid sanction lists are checked for any evidence of past history relating to any of the adult household members of the foster care home.

A regular foster care license may be issued and a family approved to receive child placements when:

1. All relevant foster care licensing standards, IDAPA 16.06.02.400., have been evaluated and satisfied, and
2. The prospective foster family has participated in the criminal history check process, as delineated in Idaho Code Section 39-1211 and IDAPA 16.05.06 and the following required elements have been completed:
  - All adult members of the household have completed the Department's criminal history check self-declaration form;
  - A check of the statewide adult, sexual offender and child abuse central registries has been completed for all adult members of the household; and
  - A local, statewide, and national criminal history check has been completed for every adult residing in the home.

If during this process any adult member of the household is found to have a valid disposition involving child abuse or neglect, a history of any valid complaint on the adult protection registry, or any criminal conviction or withheld judgment for a misdemeanor or felony, no further action shall be taken to license the family until all background materials are received by IDHW or the licensing agency and IDHW has had the opportunity to conduct an appropriate review to determine suitability to provide foster care.

If, at any time after the issuance of a regular foster care license, IDHW receives or discovers information concerning the suitability of a family with whom a child or children are to be placed, or have been placed, which raises a concern for the safety of such children, IDHW retains the authority to immediately suspend or revoke a license where such action is determined by IDHW to be in the best interest of the child.

Anyone found to have been convicted of a "designated crime" receives an unconditional denial and may not ever be licensed in Idaho to care for children.

Designated crimes including the following: Abuse, neglect or exploitation of a vulnerable adult; aggravated, first degree and second degree arson; crimes against nature; forcible sexual penetration by use of a foreign object; incest; injury to a child, felony or misdemeanor; kidnapping; lewd conduct with a minor; mayhem; murder in any degree, voluntary manslaughter, assault or battery with intent to commit a serious felony; poisoning; possession of sexually exploitative material; rape; robbery; felony stalking; sale or barter of a child; sexual abuse or exploitation of a child; any felony punishable by death or life imprisonment and attempt, conspiracy, or accessory after the fact to commit any of these designated crimes.

An unconditional denial shall be issued for seven years from the date of conviction for the following crimes: burglary; grand theft; theft; forgery of and fraudulent use of a financial

transaction card; forgery and counterfeiting; insurance fraud; public assistance fraud; and felony involving a controlled substance.

An applicant found to have a positive child protection history, adult protection history, state or federal criminal record for a crime other than the designated ones listed above, is permitted to request an exemption review. According to rule, the exemption reviewer considers the following factors: severity or nature of the crime or other findings; period of time since the incident under review; number and pattern of incident; circumstances surrounding the incident that would help determine the risk of repetition; relationship of the incident to the care of children or vulnerable adults; activities since the incident such as continuous employment, education, participation in treatment, payment of restitution, or any other facts which may be evidence of rehabilitation; granting of a pardon by the Governor or the President; and falsification or omission of information on the self-declaration form and other supplemental forms submitted..

Historically exemption reviews were handled by each region. This lead to inconsistency and occasional difficulties when a licensed individual moved from one location to another in the state. Currently there are three business operation centers or "hubs" statewide. In each hub there is an individual who obtains the applicant's self-declaration and processes the individual's fingerprints. Currently the program manager of the criminal history unit conducts all of the exemption reviews statewide.

IDHW licensing specialists play a significant role in assuring that caregivers and other adults in their home have complied with the criminal background check requirements. This is typically done through the semi-annual foster home revisits conducted by the licensing specialist. It is standard practice, as part of the annual relicensing assessment, to verify that a criminal history check has been completed on each adult living in the home. In those instances where the regional licensing worker becomes aware of a problem related to the background check of any adult living in the foster home, the state licensing specialist coordinates a plan of correction with the region to assure safety of the foster child(ren) in the home.

According to Idaho IDAPA 16.06.02.109.01 in all foster homes, residential care facilities and children's agencies, anyone providing direct care or working on-site under these rules is required to participate in a criminal history check as set forth in IDAPA 16.05.06 "Rules Governing Mandatory Criminal History Checks." These individuals are actually finger printed through IDHW with the results being returned to the facility administrator. Each facilities and agency must reapply annually for licensure that includes the hiring of any new employees and verification of their criminal history background check. Idaho has three central office staff who license residential care facilities and children's agencies statewide. Facilities are required to include their process for managing criminal history checks in their Policy and Procedures Manuals.

### **G.3 SURVEY RESULTS**

No survey questions directly addressed criminal history background checks.

### **G.3 STATEWIDE SELF-ASSESSMENT ADVISORY GROUP OBSERVATIONS**

No comments were specifically made regarding criminal history background checks.

### **G.3 SUMMARY**

While Idaho has "opted out" of the ASFA criminal history check requirements, state standards appear stricter than those required by ASFA and do require a criminal history check. Given the large numbers of criminal history background checks handled each day, IDHW's system and processes work well. The IDHW reorganization and realignment that took place in May 2002 centralizes the submission of criminal history checks. It is expected that this organizational change will help streamline the process and result in expedited criminal history background checks and exemption review hearings.

## **G. Foster and Adoptive Home Licensing, Approval and Recruitment - Ethnic Diversity In Recruitment and Training**

4. *Citing any data available to the state, discuss how effective the state has been in meeting the state plan requirement to recruit and retain foster and adoptive families that represent the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed, including the effectiveness of the state official recruitment plan.*

Over the past five years, IDHW has made renewed efforts in the area of foster parent recruitment. While recruitment efforts have resulted in more licensed foster families, the number of children coming into care has nearly exceeded the available number of foster home beds. The families who have been recruited are often not ones who are able to meet the special needs of children entering care. These children are ethnically diverse, children with severe behavior problems, children with significant attachment issues, children with sexual behavior issues, and sibling groups.

### **Comparisons of number of licensed foster homes and number of children in care by year:**

1999—750 foster homes - 868 children in foster care  
2000---854 foster homes - 884 children in foster care  
2001---920 foster homes - 966 children in foster care  
2002---1,120 foster homes\* (as of 9/30/2002) - 1,107 children in foster care

\*Approximately 200 of Idaho's licensed foster families are caring for relative children and are unavailable for non-relative foster children.

There are currently 130 Native American children in state custody (see section F.4 regarding ICWA) and 10 Indian foster homes. There are 208 children of Hispanic heritage in state custody and 27 licensed homes where the foster parent(s) is of Hispanic heritage.

Since 1998, a great deal of effort has gone into foster care recruitment with an emphasis on ethnic diversity in recruitment including:

- A contract from 1998-2001 with an advertising agency. The contract included services for planning campaigns, development of messages, creating and producing advertisements and implementation using a multi-media approach, PSA's, television public service announcements, billboards, and newspapers;
- Publication of all recruitment materials including billboards and brochures in both English and Spanish; and
- Development of Indian foster family recruitment materials in conjunction with tribal social services and tribal councils to increase cultural relevance of recruitment.

Historically, the Idaho Department of Health & Welfare has relied upon a media mix of broadcast and print advertising to generate interest in the foster care and adoption programs. While this approach has generated results, the cost per recruited family has been difficult to quantify. Research conducted on behalf of the advertising industry indicates it takes upwards of 16 impressions before a target-audience member will recall a specific marketing-communication message. If the message is tied to an action, twice the number of impressions are required. An uncertain funding climate has made it difficult to mount and sustain a consistent public educational/awareness effort. Recognizing the importance of foster care recruitment, despite reduced budgets, IDHW makes recruitment a priority by continuing to allocate the same amount of funding.

Starting in 2002, new recruitment efforts through a contract with the Boise-based marketing firm, PBZ, were begun. The plan includes targeting a primary audience of existing and potential foster parents, secondary audience of news media, faith-based organizations, business and community members. A primary focus is on galvanizing support in Hispanic and Native American communities by identifying key members and approaching them for their input on how to effectively initiate recruitment efforts that would reach community members in a culturally relevant way. There are two pilot sites for Native American recruitment, the Nez Perce Tribe and the Shoshone Bannock tribes. These two tribes have the largest concentrations of Indian families in Idaho.

Integral to this new approach has been the addition of foster care and adoption information to the IDHW web site. The new look focuses on delivering more information about foster care and adoption to a broader audience. In addition, there is a greater emphasis on presenting the personal side of foster care and adoption. Success stories communicate a candid view of what it's like to be a foster parent in Idaho – the challenges, as well as the rewards. Better utilization of the web as a communications channel will enable IDHW to deliver its message to more people, in a more cost-effective manner. It will also provide a valuable means of tracking user activity, collecting feedback from program participants, and directing "leads" to appropriate agency staff. Additional features include a calendar of events that will include upcoming training, links to other resource sites, a press room, and an interactive state site map where prospective foster parents can get contact information.

In analyzing previous IDHW materials and information, it was determined that press materials did not present a consistent overall picture of the situation and needs surrounding foster care and adoption in Idaho. To correct this problem a series of press materials were created, both in English and in Spanish, designed to give journalists, administrators, and other key publics the most pertinent and up-to-date statistics on adoption and foster care in Idaho and nationwide. This will help expand media coverage of adoption and foster care issues in Idaho and will help ensure that resulting stories deliver a consistent and memorable message.

### **Contract Objectives for Recruitment**

- Recruit and retain a sufficient number of foster care and adoptive families
- Recruit and retain a sufficient number of foster care and adoptive families for children with special needs, including:
  - Children of Native American heritage;
  - Children with Hispanic heritage;
  - Large sibling groups; and
  - Older children.
- Track and monitor program successes for federal and state reporting purposes

### **Strategies for Recruitment**

- Creating and implementing effective recruitment processes which are less sensitive to fluctuations in state/federal funding
- Focus educational efforts on persons with influence in business and religious communities
- Set expectations for program success
- Create and implement more objective means of measuring program success
- Solidify support in Hispanic and Native American communities for state foster care and adoption programs
- Monetary incentives for increases in the number of Indian and Hispanic foster homes within the contract period for PBZ Marketing
- PBZ Marketing has been making direct contact with tribal members and key Hispanic community members for input on how to get the message to their communities
- Collaborating with Casey Family Program on recruitment activities. Casey Family Program is willing to act as recruitment spokespersons
- Foster Youth for Idaho (FYI) a group composed of foster care alumni will promote recruitment of foster homes, specifically homes for older children. Members of FYI have been volunteering their time to appear on television and radio programs as well as making presentations to staff and foster parents.
- Recruitment materials that carry the message "Fostering Idaho's Future" as well as a highly recognizable and easy to remember vanity number to call. To reinforce the message, materials such as tee-shirts, water bottles, magnets, bags, pads, pencils, and caps are being distributed statewide.

IDHW is also looking at the feasibility of using the Idaho CareLine resources to solicit and capture caller information using an online foster care information form. Idaho CareLine is located within the IDHW Division of Family and Community Services. It is a toll-free,

telephone information and bilingual referral service which links citizens to health and human services in Idaho. The Idaho CareLine has approximately 3900 health and human services contacts in its database. During FY 2002, CareLine received approximately 38,000 calls.

In order to determine how effective statewide and regional recruitment efforts are, IDHW will be asking the caller how they heard about Idaho foster care program and recording their response. Regions also continue to receive inquiry calls. Training will be provided to regions on use of the online form to record information from callers.

An informational PowerPoint presentation is being developed for use by IDHW staff when making community recruitment presentations. The PowerPoint will be designed to allow regions to customize the presentation for particular audiences. Letters and informational packets are also being developed for distribution to municipalities, faith-based organizations, and businesses.

PBZ Marketing has worked with the IDHW Indian Child Welfare Specialist and other IDHW staff to create a flyer that could be disseminated at tribal meetings, PowWows and other cultural events and gatherings. In August of 2002, the flyer was distributed at the Shoshone-Bannock Tribal Festival and PowWow. PBZ Marketing also met with the Director of the Nez Perce Tribal Social Services to identify recruitment strategies that would be welcomed by the community and could be implemented through a pilot program. One of the projects identified is a print-on-demand calendar that promotes foster care and adoption. The calendar will feature tribal members and symbols individualized for the tribe. This idea will be offered to other Idaho tribes for consideration.

Southwestern Idaho has a large population of people with Hispanic heritage. One of the promising practices being used there involves contacts with Hispanic community organizations who are currently working with Temporary Assistance to Families in Idaho (Idaho TANF). IDHW is asking these agencies to add foster parent recruitment efforts to the services they are currently delivering. For some agencies, distributing information may be the recruitment service. Others may make referrals of possible families wanting to provide care or promote the idea of foster parenting in the Hispanic community. Region III has placed a priority on increasing the number of Hispanic foster homes. They have contracted with the Idaho Commission on Hispanic Affairs liaison to assist them in reaching their goal of increasing the number of homes. The region provides a monthly lunch for potential Hispanic foster families that are recruited by the liaison. Families are provided with an overview of the foster care process. They are also assisted, as needed, with completion of a foster parent application packet. Region III has also used their local newspaper's "Somebody Needs You" column to recruit specialized homes for children who are difficult to place. This same community has started a foster parent support group. IDHW makes a staff person available to answer any questions and provides child care. Otherwise the group is self-supporting and self-governing. Foster parents also publish a newsletter for foster parents.

IDHW has very few staff dedicated to foster/adoptive parent recruitment. Two regions have a contract for recruitment of foster and adoptive parents. Two other regions have 7 full time staff between them who are dedicated to foster care licensing and recruitment. The remaining regions do not have staff dedicated solely to foster care licensing and recruitment. They use a number of

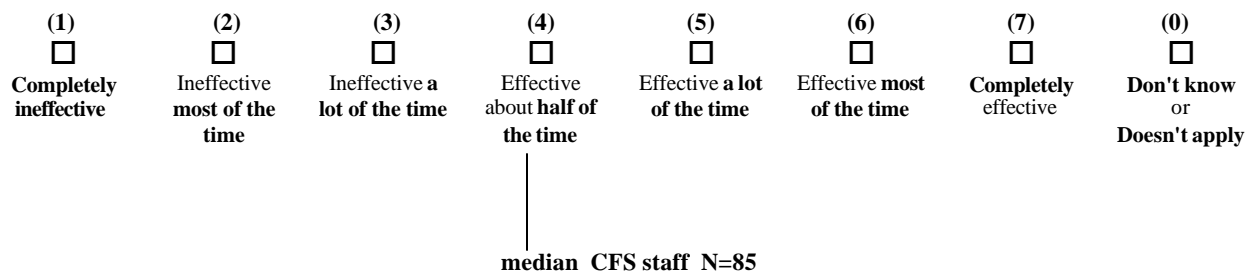
diverse recruitment strategies such as "finder's fees" as an incentive for foster parents to recruit other families, including information about fostering in all community presentations, putting foster parent information in the local school district newsletter and water bill, community presentations and media coverage about fostering, and personal contacts with current foster parents about recruitment.

As mentioned earlier, practices around foster parent training, recruitment and retention have varied community to community and have had some positive results, but not to the magnitude needed. The current statewide foster/adoptive curriculum, additional clarifying IDHW rules, and statewide marketing campaign with a central message will help the state to achieve a more consistent effort in activities related to fostering and adoption. Regions will not be faced with "re-inventing the wheel" with recruitment efforts.

Retention efforts currently include a region-by-region mixture of foster parent support groups, newsletters, training, respite care and overnight camps for foster children, and "perks" such as dinner out, hotel stays, event tickets, and movies. There is also the beginnings of a Statewide Foster and Adoptive Parent Coalition developing.

#### **G.4 SURVEY RESULTS**

**Survey Question 1:** In your experience, how effective are the Department's provisions for licensing and recruiting foster and adoptive homes to help provide protection and permanency for children in out-of-home care?

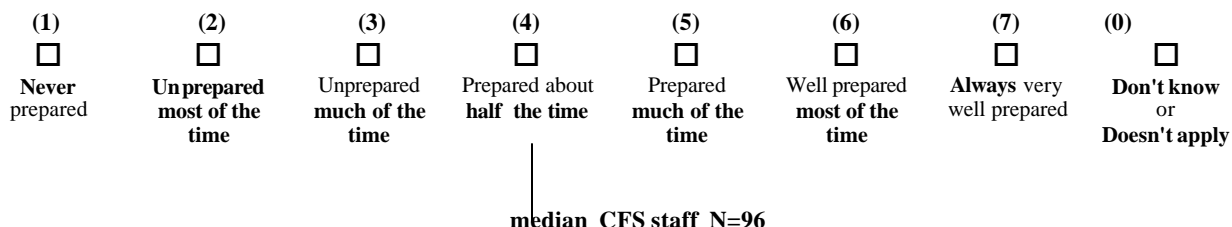


#### **G.4 SURVEY COMMENT SUMMARY Question 1**

**Children and Family Services Staff** - Responses were varied, but most fell into one of the following categories: (1) Not enough training and support for foster parents; (2) Need staff dedicated to recruiting foster homes; (3) Foster care rates are too low and not an incentive to provide care; (4) Homes are needed for adolescents, children with special needs and sibling groups; (5) Belief that IDHW is not using the best researched methods of recruitment; and (6) Licensing staff and foster parents are doing well with the resources they have. A number of respondents expressed concern over the quality of homes currently being licensed and the difficulty in revoking licenses of families who they believe should not be fostering children.



**Survey Question 2:** In your experience, how prepared are the current pool of foster families to meet the placement needs of children in the Department's custody?



#### **G.4 SURVEY COMMENT SUMMARY Question 2**

**Children and Family Services staff** - Similar to the responses to Question 1, staff comments regarding foster parent preparation fell into three categories. Half of the respondents indicated that foster parents were unprepared to meet the needs of foster children with extreme behavioral problems. Twenty-five percent felt that foster parents were adequately prepared. Other responses related to the need for more homes, more support, more training and higher reimbursement.

#### **G.4 STATEWIDE SELF-ASSESSMENT ADVISORY GROUP OBSERVATIONS**

The urgent need for Native American and Hispanic homes was identified by the group. Foster parents who were present indicated the need for more training and support. There were recommendations for including bilingual staff in training and for expanding efforts to retain Hispanic foster homes.

Concerns were raised about the basic rates of reimbursement for foster parents. Idaho's rate is one of the lowest in the nation. It is essential that foster parents, at the least, have their costs covered. That is seen as difficult given the rates at which Idaho reimburses foster parents.

#### **G.4 SUMMARY**

During the last five years IDHW has made a concerted effort to increase foster home recruitment, especially for ethnically diverse foster homes. These efforts have met with limited success. More recently IDHW has engaged individuals with knowledge and experience with both Native American and Hispanic families to assist in recruitment strategy development, selection of foster/adoptive parent training curriculum to be used statewide, and development of culturally relevant recruitment materials. Early feedback has been positive. The foster/adoptive parent curriculum will be implemented statewide in early summer 2003. Early meetings with one of the Idaho tribes has resulted in an idea for recruitment which the tribe feels is culturally relevant and would speak to their members. Another promising practice has been looking at entities in the Hispanic communities with whom IDHW has a contract in place for the delivery of health and human services. The strategy is to attempt to engage the contractor to expand their current contract to include foster care and adoption recruitment.

Foster parents themselves have stated a need for continued training, regular visits by workers to the foster home, inclusion as a partner and member of child's team, as well as feeling more respected and valued by the IDHW and its workers. Initial and on-going training is currently being required of foster/adoptive families. Regions are instrumental in providing training opportunities for foster parents. Results of the CFSR surveys should provide additional guidance about what kind of information and training foster and adoptive parents are currently needing.

## **G. Foster and Adoptive Home Licensing, Approval and Recruitment - Jurisdictional Issues**

5. *Citing any data available to the state, discuss how effective the state has been in meeting the state plan requirement to recruit and use adoptive families for waiting children across state or other jurisdictional boundaries. In responding, consider relevant agency policies, timeframes for initiating recruitment activities, and specific methods.*

IDHW has developed a number of strategies to increase adoptive families across state and other jurisdictional boundaries. The following is a brief description of each strategy:

- Partnership with Eastern Washington University to promote adoption education and training. This resulted in 3 sessions of the North American Council on Adoptable Children (NACAC's) Transracial Parenting Project being made in Idaho. The partnership with EWU in Washington State allows administrators and staff the ability to understand and integrate sister state adoption placement needs and requirements. The ability to respond proactively through these alliances allows staff to include interstate or interjurisdictional requirements, thus avoiding lengthy delays when children are awaiting placement.
- IDHW is using adoption incentive money for expenses of interstate adoptive families. These expenses have included publication in another state, a purchase-of-service contract for adoption supervision of a placement in another state, and airline tickets to allow Idaho children to visit families in Washington and Oregon, and Washington and Oregon families to visit children in Idaho.
- Streamlining of the application process for a child from another state who qualifies for Medicaid.
- Increasing the awareness of Self-Reliance (TAFI/TANF) workers and Developmental Disabilities workers on how to recognize and work with consumers who have Adoption Assistance benefits when they inquire about or present with Adoption Assistance Medicaid benefits from another state.
- Continue to use Wednesday's Child for cross-jurisdictional placements. Wednesday's Child has given national exposure to Idaho's waiting children and is getting inquiries from families

across the nation. The Wednesday's Child Idaho television broadcasts are penetrating into Wyoming, Utah, Nevada, and Oregon.

- IDHW workers make active use of both national and regional exchanges.
- Idaho children waiting for adoption are also featured on the web sites, FACES of Adoption and periodically through the National Indian Child Welfare Association's newsletter.
- IDHW workers are required to list each child with a plan of adoption on I.D.A.H.O. I.D.A.H.O. is the statewide list of children in IDHW custody who have a plan of adoption. This exchange serves as a statewide resource for workers searching for waiting children.
- For a child with a concurrent plan, recruitment efforts should begin very early; i.e., identifying potential family members for permanent placement. Some families are recruited and identified as accepting foster/adoptive placements. That is, they would be willing to be considered as a permanent placement for a child in foster care.

IDHW has also encountered the following barriers:

- Some courts discourage searching for a specific family before the Termination of Parental Rights is accomplished. Other jurisdictions routinely issue a "Consent to Search" pending termination, especially when the child has special needs.
- Rules Governing Family and Children's Services, IDAPA 16.06.01, state that an adoptive family has to have a foster care license when IDHW is making an adoptive placement in another state. This has caused a number of delays, even for prospective adoptive families with a positive private agency home study. The receiving state(s) either did not require a license or could not expedite the request for the foster care license. Work between the IDHW central office Adoption Specialist, Region X staff, and other State Adoption Specialists has resulted in resolution of this issue and others. When placing a child in an adoptive home in another state, the child should be placed with an adoptive placement agreement and the family's negotiated adoption subsidy should start. There is no particular need for a foster care license or a foster care payment.

## **G.5 SURVEY RESULTS**

Survey questions did not address jurisdictional issues in recruitment.

## **G.5 STATEWIDE SELF-ASSESSMENT ADVISORY GROUP OBSERVATIONS**

No comments were made regarding jurisdictional issues in recruitment.

## **G.5 SUMMARY**

IDHW has a number of successful, creative, and promising strategies in progress to help resolve jurisdictional issues which can threaten children's timely permanency. These include training,

use of exchanges such as I.D.A.H.O. (Idaho Adoptive Homes) and Faces of Adoption, payment of travel costs to facilitate out of state visits, payment of placement supervision in other states, streamlining the Medicaid application for children from other states, familiarizing TAFI workers with adoption subsidy provisions, and Wednesday's Child which broadcasts across several state lines. As cross-jurisdictional placements increase, workers have increased opportunity to gain valuable experience working with other public and private agencies across our state and in other states.

## **Section III**

This section contains federal data tables that can be located as an appendix and attached as a separate document.

## Section IV

### NARRATIVE ASSESSMENT OF CHILD AND FAMILY OUTCOMES

#### A. Safety

**Outcome S1: Children are, first and foremost, protected from abuse and neglect.**

**Outcome S2: Children are safely maintained in their homes whenever possible and appropriate.**

#### **1. Trends in Safety Data.**

*Have there been notable changes in the individual data elements in the safety profile in Section 3 over the past 3 years in the state? Identify and discuss factors that have affected the changes noted and the effects on the safety of child in the state.*

Trends in Idaho's safety data profile over the past three years **are unable to be determined** due to a number of factors including:

- (1) Data for 1999, 2000, and 2001 were pulled from the SDC (Summary Data Component). Not until September 2002, was data available from the DCDC (Detailed Case Data Component – Child File).
- (2) The FOCUS information system was fully implemented in all regions of the state in September of 1999. Data from 1999 and 2000 includes information from both the previous Family and Children's Service Information System (FCSIS) and data from the present FOCUS system.
- (3) Data for the year 2000 is affected by the fact that staff were learning to use the FOCUS system. As staff were becoming proficient in the use of FOCUS, numerous data entry errors were made.
- (4) By 2001, the data in FOCUS was increasingly accurate as workers became more familiar with FOCUS.
- (5) In practice, Idaho counts one family as one case. There may be some instances of confusion when some Idaho data is compared with data which counts one child as one case.
- (6) In 1999, most of Idaho's NCANDS-SDC data was retrieved from the previous FCSIS data system. There was only one disposition recorded on the FCSIS report. In 2000, Idaho reported NCANDS-SDC data from both FCSIS and FOCUS. The FOCUS system is capable of recording a disposition for each risk issue for every alleged victim. For the 2000 SDC data from FOCUS, Idaho pulled the highest (with "valid" being high and "invalid" being low) disposition on the

report as the overall report disposition. In 2001, Idaho reported solely from the FOCUS information system in providing data for the NCANDS-DCDC. The DCDC pulled reports with a disposition date that fell within the reporting year. Data on the SDC for 1999 and 2000, reports were pulled by referral reason and then reporting disposition for the report's start date.

## **2. Child Maltreatment (Safety Data Elements I & II).**

*Examine the data on reports of child maltreatment disposed during the year by disposition of the reports. Identify and discuss issues affecting the rate of substantiated vs. unsubstantiated reports and factors that influence decision-making regarding the disposition of incoming reports.*

### **Standards**

The Department has established statewide standards, in the form of administrative rules, for responding to reports of abuse, neglect, or abandonment. These standards are referred to as the “Priority Response Guide,” and they use the determination of safety of the child as the primary criterion for response.

Idaho's Child Protective Act provides a definition for physical abuse, sexual abuse, neglect, and abandonment. Intake workers, in consultation with their supervisor, determine whether reported information meets the criteria of the definitions contained in the Child Protective Act. Following that determination, a report is given either a priority using the “Priority Response Guide” and assigned for a risk assessment or entered as “Information and Referral.” Only in a report assigned for a risk assessment is the child actually seen and a disposition made.

### **Data Analysis**

A significant influence on all data for calendar years 1999 and 2000 was the conversion to the FOCUS data system.

The drop in report dispositions from 1999 to 2000, for both substantiated and unsubstantiated reports, may have been due to conversion to the new SACWIS system, FOCUS. Staff lack of familiarity with FOCUS, combined with the absence of system prompts to ensure the recording of dispositions on reports before the reports could be closed, may have resulted in reports being placed in the “other” category rather than being dispositioned as “substantiated/indicated” or “unsubstantiated.” Out of the 2031 reports falling within the “other” category, 1420 were missing dispositions in the FOCUS system. In 2000, 3628 out of the 3718 reports counted in the “other” category were missing dispositions in FOCUS.

During the conversion process to FOCUS, only open or pending reports were converted into the new system. Staff were instructed not to enter a disposition in FOCUS if a disposition had been recorded in the previous information system, FCSIS. This direction may have resulted in some reports not being dispositioned in either the FCSIS or the FOCUS system. For both 1999 and 2000, NCANDS-SDC data was retrieved from both FCSIS and FOCUS.

In 2001, there was an increase in both “substantiated/indicated” and “unsubstantiated” reports and a decrease in “other” dispositions as compared with 2000. Calendar year 2001, was the first year Idaho reported to NCANDS using the Child File rather than the Summary Data Component, SDC. The Child File pulled data on reports dispositioned during the year 2001. The SDC data for 1999 and 2000 pulled reports whose referral reasons were allegations of child abuse or neglect. Referral reasons including “voluntary service need,” “other,” “third party,” and “IV-A Emergency Assistance” were not actually dispositioned, but were counted under the disposition “other.”

Prior to 2001, the category of “other” contained reports where disposition data had not been entered into the information system. In 2001, an automatic FOCUS information message was initiated which notified workers that a disposition was required before a case could be closed. Additionally, a review of each undispositioned case was made and data was corrected as needed. Due to insufficient resources, time-intensive corrections were not made on 1999 or 2000 data.

### **Dispositional Changes**

Idaho's first year of “safety data” is Calendar Year 2001. National “safety data” is not yet available for Calendar Year 2001. The following is a comparison of National data for 2000 and Idaho data for 2001 regarding Substantiated/Indicated and Unsubstantiated reports:

#### **Substantiated/Indicated**

(2001) Idaho	35.1%	(2000) National	30%
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#### **Unsubstantiated**

(2001) Idaho	63.8%	(2000) National	60%
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These figures, while from different calendar years, are comparable.

Prior to March 2002, it was very difficult for Idaho workers to achieve inter-rater reliability in the disposition of cases because they were using the following five disposition codes: Valid, Verifiable, Indicated, Unable to Determine, and Invalid. These dispositions were defined as follows:

**Valid** - Child abuse and neglect reports are confirmed by one (1) or more of the following:

- a. Witnessed by a worker;
- b. Determined or evaluated by a court;
- c. A confession; or
- d. Substantiated through the presence of significant evidence that establishes a clear factual foundation for the determination of “valid.”

**Verifiable** - A “verifiable” disposition cannot show a pattern of repetition. Where there has been a previous disposition of “verifiable”, the disposition should



be recorded as “valid”. If a subsequent disposition is recorded as “verifiable”, a variance should be documented. Child abuse and neglect reports are confirmed by one (1) or more of the following:

- a. Witnessed by a worker;
- b. Determined or evaluated by a court;
- c. A confession; or
- d. Substantiated through the presence of significant evidence, but where circumstances demonstrated that such incidents are not likely to reoccur.

**Indicated** – Child abuse and neglect reports are indicated when the allegations cannot be confirmed or refuted; however, the worker has a reasonable belief the abuse or neglect occurred.

**Unable to Determine** – A determination of child abuse and neglect cannot be made and the worker has no firm belief that abuse or neglect occurred. This category includes reports relating to families the worker is unable to locate.

**Invalid** – Child abuse and neglect reports that are clearly unfounded, erroneous or otherwise incorrect. The worker is reasonably sure that the abuse or neglect did not occur.

Effective 3-01-02, IDHW administrative rules contained provisions for only two dispositions, “substantiated” and “unsubstantiated.” A “substantiated” disposition has the same definition or criteria as the previously used disposition of “valid.”

**Substantiated** - Child abuse and neglect reports are confirmed by one (1) or more of the following:

- a. Witnessed by a worker;
- b. Determined or evaluated by a court;
- c. A confession; or
- d. Substantiated through the presence of significant evidence that establishes a clear factual foundation for the determination of “substantiated.”

**Unsubstantiated** - Child abuse or neglect reports where there is insufficient evidence or where there are facts which indicate the report is erroneous or otherwise unfounded.

Prior to March 2002, only a disposition of “valid” resulted in the perpetrator's name being placed on the registry. The perpetrator's name was not placed on the registry if the report was dispositioned as “verifiable.” In SDC and Child File reports, “valid” was counted under “substantiated.” “Verifiable” and “indicated” were counted under “indicated.” “Unable to determine” and “invalid” were counted under “unsubstantiated.”

The Idaho Child Abuse Registry is one of the legally required elements of a criminal background check for anyone working with Idaho's vulnerable children or adults. This includes residential care facilities, IDHW contractors, day care operators, certified family

home operators, foster and adoptive parents. The Central Registry is an important database which helps to protect vulnerable children and adults from abuse and neglect. Each person who receives a substantiated disposition receives written notification that his/her name is being placed on the Child Abuse Registry. The letter informs the individual of the possible consequences of being on the registry, as well as their appeal rights to have their name removed.

### **Summary**

Data reflecting Idaho's rate of "substantiated" and "unsubstantiated" reports has been influenced by the conversion to a new data system. Another factor influencing data is the change from five to two dispositional categories. CFS anticipates having access to valuable trend data over the next couple of years.

### **3. Cases Opened for Services (Safety Data Element III).**

*Compare the cases opened for services following a report of maltreatment to the rates of substantiated reports received. Discuss the issues affecting opening cases following reports of maltreatment and reason cases are or are not opened.*

Percentage of Substantiated Cases Opened for Services	National Rate	Idaho - 2001
	56.1%	43.8%

In providing data for the SDC, FOCUS counts reports with an open service plan as having been opened for services. For the Child File, the data extract pulls reports with services that were started within 90 days of the disposition of the report. Reports that are handled informally may not have a payment for service or a service plan entered into FOCUS. Additionally, if during the conversion process to the FOCUS system, a service plan was in place but not due for renewal, the service plan was not recorded into FOCUS until it was renewed.

There appear to be many cases where services were provided and those services have not been documented in FOCUS through the entering of a service plan. These cases include both those with a referral disposition of substantiated and unsubstantiated. However, it is more likely that services are provided when the referral disposition was substantiated. Another contributing factor is when a child is **not** removed from their home and there is no court involvement, voluntary services may be offered by IDHW and the parents may refuse to accept services. A combination of these factors could account for Idaho's data reflecting a low percentage of substantiated cases being opened for services.

### **Summary**

Idaho's percentage of substantiated cases opened for services is below the national rate with a rate of 43.8% compared with 56.1%. The lower rate is believed to be the result of factors associated with the conversion to a new information system and the fact that service plans for informal (in-home) cases are not consistently being entered into the FOCUS system.

4. **Children Entering Foster Care Based on Child Abuse and/or Neglect (CA/N) Report (Safety Data Element IV).**

*Identify and discuss issues affecting the provisions of home-based services to protect children from maltreatment and whether or not there is a relationship between this data element and other issues in the state, such as availability of services to protect children, repeat maltreatment, or changes in the foster care population.*

Percentage of Children Entering Foster Care based on CA/N	National Rate	Idaho - 2001
	20.8%	28.8%

Data profiles indicate that Idaho's percentage of children entering foster care based on child abuse and neglect is higher than the national rate. As discussed earlier in Section II, law enforcement is the Idaho agency with the authority to place children into protective custody under imminent danger. In some cases, IDHW has little or no opportunity for intervention into a situation prior to law enforcement declaring a child in imminent danger and placing the child in temporary custody of IDHW. The presence of an active prosecutor lead multidisciplinary team in a county can have enormous impact on how these cases are handled.

In 1999, a standardized immediate risk safety assessment instrument was implemented throughout the state. After assessing eighteen factors that pose immediate risk of harm to children, workers are required to determine the level of risk and make the following decisions regarding child safety and/or placement:

- **Child is safe:** There are no children identified to be at immediate risk of harm at this time;
- **Child can be "conditionally safe:"** A plan is implemented to resolve the safety issues identified; or
- **Child is "unsafe:"** One or more children is in imminent danger and safety cannot be assured with services or a safety plan. The child requires out-of-home placement to ensure his/her safety.

In many CFS field offices, some form of a family group decision-making process is conducted to establish a safety plan and thereby prevent placement of the child. One region has contracted with a person outside the Department to facilitate family group decision-making meetings.

In an effort to reduce risk to children in their own homes, funding is provided to each of Idaho's seven regions to develop, expand, and operate programs to provide community-based family support and family preservation services. The accessibility to home-based services varies between regions and geographic locations. In some of the more rural areas, there are no private agencies or contractors available to provide services. Travel or transportation costs challenge rural areas and much time is spent in resource development in those areas.

Based on national data for calendar year 2000 (20.8%) and Idaho data for calendar year 2001 (28.8%), Idaho appears to have a higher percentage of children entering foster care than the national average. The difference between the number of children entering foster care (934) and the Point-in-Time Permanency Profile yearly admissions (1,209) may very well include Children's Mental Health (CMH) voluntary out-of-home placements which are not received nor dispositioned as child abuse/child neglect. These CMH cases are actually service requests, but are included in Idaho's data provided through the FOCUS system. There are also a number of Rule 16 expansions from Juvenile Corrections or Probation that come into Child Protective Services upon order from the court without input from IDHW.

The increase of substance abuse, particularly methamphetamine, is effecting the ability of many parents to meet the age appropriate needs of their children. The rise in substance abuse correlates with a rise in the number of neglect cases. However, services available for parents in the child protection system who abuse alcohol or other drugs has decreased as funds for substance abuse treatment have been allocated to criminal drug courts. In 3 of 7 regions of the state, there is approximately a 3 week waiting period for substance abuse treatment for parents in the child protection system.

### **Summary**

There are several factors contributing to Idaho's rate of foster care placement including the following:

- The limited availability of services in the more remote areas of the state;
- Decisions made to remove children from their homes prior to IDHW involvement;
- Children placed voluntarily under the Children's Mental Health Services Act and Rule 16 transfers from Juvenile Corrections are counted along with placements of children who have been abused or neglected; and
- Increase in abuse of alcohol or other drugs with a concomitant decrease in availability of substance abuse treatment services.

## **5. Child Fatalities (Safety Data Element V).**

*Identify and discuss child protection issues affecting child deaths due to maltreatment in the state and how the state is addressing the issues.*

For the purposes of IDHW data and policy, a child's death is determined to be the result of maltreatment if an IDHW investigation substantiates that the child's parent or other caregivers fatally injured the child or that the parent or other caregiver's neglect of the child resulted in the child's death. IDHW has recorded between one (1) and ten (10) child fatalities per year since 1987, where maltreatment was the identified cause of death.

IDHW does not record child deaths into the FOCUS system if those deaths are not referred to or investigated by IDHW. Some child fatalities may be reported only to law enforcement for criminal investigation even when the child died from maltreatment.

Typically, IDHW is only involved in cases involving a child fatality when there are other children remaining in the home.

There are two mechanisms in the State of Idaho for the review of child fatalities. The first mechanism is the Statewide Child Mortality Review Team which was initiated in 1998. This team is composed of representatives of various agencies and professional disciplines who have been appointed by the Director of the Department of Health and Welfare. The Statewide Child Mortality Review Team retrospectively reviews all child fatalities in Idaho. Reviewing fatalities that occurred two years prior to the review allows for pending legal action to have been addressed. Every child death is reviewed and the preventability of the death is assessed by identifying risk factors that might have contributed to the death. Information from the Statewide Child Mortality Review Team contributed to a statewide media campaign on the prevention of “shaken baby syndrome” and a campaign designed to educate parents on the risks of leaving children unattended in cars especially during summer months.

The second mechanism for the review of child fatalities is a review held by Children and Family Services staff, as soon as practical, after a child fatality. Fatalities reviewed by CFS are those where the child's death is suspected or confirmed to have resulted from abuse, neglect, suicide, or the child died under suspicious circumstances, and the deceased child or their family was previously referred to, received a risk assessment from, or received other Child Protection, Children’s Mental Health, or Adoption services through the Children and Family Services program.

At least annually, the findings and “lessons learned” from the local child fatality reviews are discussed on a statewide basis at a Child Welfare Subcommittee meeting. This meeting concludes in the identification of any recommended changes in Children and Family Services program protocols, policies, or procedures which could contribute to ongoing efforts to protect the safety of children. As a result of the internal child fatality review process, there is an IDHW rule requiring every Priority One (imminent danger) referral on a child under the age of six (6) be staffed with the worker's supervisor within 48 hours of receipt of the referral. FOCUS contains an alert which helps assure follow-up on these cases.

### **Summary**

Idaho’s Statewide Child Mortality Review Team reviews child fatalities and makes recommendations on how child deaths could be prevented. The efforts of this team have resulted in statewide media campaigns and other prevention efforts. Additionally, IDHW conducts internal reviews of child fatalities and modifies practices and policies as suggested by the results.

## **6. Recurrence of Maltreatment (Safety Data Element VI).**

*Discuss whether or not the state's recurrence of maltreatment conforms to the national standard for this indicator, the extent to which the state's rate of recurrence of child maltreatment is due to the same general circumstances or same perpetrator, and how the state is addressing repeat maltreatment.*

<b>Measure 1.1 Recurrence of maltreatment (within 12 months)</b>	<b>National Standard</b>	<b>Idaho – 2001</b>
	<b>6.1 % of less</b>	<b>9.3%</b>

Idaho exceeds the national standard on recurrence of maltreatment with a rating of 9.3% compared with the national standard of 6.1% or less.

A report using the FOCUS system was designed in an effort to replicate the 2001 Child Find data extract. The FOCUS report identified children who were the subject of a substantiated child protection referral between January 1 and June 30, 2001, and where a second substantiated report was received on those children within six months of the first report. This report yielded the identification of 262 children; 163 of which are believed to be the same children counted in the Child Find data extract. A review of the reports of abuse or neglect associated with the 262 children which FOCUS identified revealed the following:

- 76% of the children were age 11 years or younger.
- 24% of the children were between the ages of 12 and 18 years.
- 53% of the children were female, 47% were male.
- 82% of the children were abused or neglected by the same perpetrator in both reports.
- 73% of the families were provided services in response to each report.
- No services were provided to the children or their families in response to 27% of the reports. However, in half of those reports, services were offered, but refused. In the other half, services were never offered.

The presence of a service plan for 60% of the families suggests that many of these children may have been placed in out-of-home care upon recurrence of maltreatment. It is a concern that three quarters of these children are under eleven years of age. Also of concern is that nearly one-fourth of families who received no services due to their refusal to participate in services and an eighth of the cases where services were not offered.

The fact that 82% of the children were abused or neglected a second time by the same perpetrator suggests that risks were not sufficiently reduced in response to the initial report.

### **Summary**

It is difficult to determine how much overlap there is between recurrence of maltreatment and re-entry into foster care. However, Idaho's re-maltreatment and foster care re-entry rate both exceed the national standard. This may be linked to lack of services being provided to families or to services that are ineffective in reducing the risk of future abuse or neglect.

A review of individual cases indicates that the majority of Idaho's recurrence of maltreatment is due to the same general circumstances and the same perpetrator is

involved. Idaho's plan is to address the recurrence of maltreatment by developing policies and improving practices in the following areas:

- Service plan documentation in FOCUS for all cases where any services are provided. As documented earlier in Chapter 2, there is a disincentive for workers to enter service plans in non-custody (in-home) cases.
- Improved processes for determining what services are needed and assuring that those services are effective; and
- Establish a criteria identifying how multiple reports of substantiated abuse or neglect should be handled.

**7. Incidence of Child Abuse and/or Neglect in Foster Care (Safety Data Element VI).**

*Discuss whether or not the state's incidence of child maltreatment by the foster care provider conforms to the national standard for this indicator. Discuss the ways in which the state is addressing this issue and whether or not there is a need for additional measures to ensure the safety of children who are in foster care or preadoptive placements.*

Measure 2.1 Incidence of CA/N in Foster Care	National Standard	Idaho - 2001
	.57 % or less	.36%

Idaho's incidence of child abuse and neglect in foster care is below the national standard. Contributing to our low incidence of child abuse and neglect in foster care are our foster care licensing standards and associated procedures.

Idaho's Child Care Licensing Standards (IDAPA 16.06.02), as revised in 2001, have very specific provisions for addressing common issues of concern as follows:

- (1) Complaints against foster parent(s)/homes - shall be investigated as soon as is indicated, based on the seriousness of the allegation, but no later than seven calendar days after receipt of the allegation.
- (2) Suspension or revocation (of license) for infractions – A license may be suspended for infractions to IDAPA rules. Suspension shall lead to revocation of the license if the foster parent or operator fails to satisfy the Director that the infractions have been corrected sufficiently to assure conformity with IDAPA rules.
- (3) Criminal history checks - Each applicant for a foster home license and all adult members of the household shall participate and pass a criminal history background check.
- (4) Behavior Management and Discipline - Methods of behavior management and discipline for children shall be positive and consistent. Discipline shall promote self-control, self-esteem, and independence.

Department foster parents are required to sign a standard Discipline Policy that prohibits corporal punishment of any foster child. This policy specifically prohibits the use of physical force, spanking, restraint, isolation, denial of food and other necessities, verbal abuse, and ridicule of foster children or their families.

A number of offices have developed protocols to follow when there are allegations made against foster parents. Allegations against a foster parent that meet the child protection standard of abuse or neglect are investigated by a child protection worker. Oftentimes, a foster care licensing worker will team with the child protection worker in completing the investigation. Allegations not meeting the child protection standard are investigated by a foster care licensing worker or the worker assigned to the involved children.

In 2001, Children and Family Service's established a policy requiring a worker, or their designee, to see every child assigned to them at least once a month in the home of the foster family. This assists the worker in monitoring the child's safety and well-being in the foster home.

### **Summary**

Idaho's low incidence of abuse in foster care can be attributed to IDHW foster care licensing regulations and frequent contact with foster children by others including the GAL or CASA, individuals who supervise parent-child visitation, etc. Additionally, foster parents and experienced workers identify training, support, monitoring, and respite as effective in providing foster parents with the tools they need to effectively parent the foster children without resorting to potentially abusive discipline strategies.

## **8. Other Safety Issues.**

*Discuss any other issues of concern, not covered above or in the data profiles that affect the safety outcomes for child and families served by the agency.*

There are no additional issues of concern in the area of safety.

## **B. Permanency**

**Outcome P1: Children have permanency and stability in their living situations.**

**Outcome P2: The continuity of family relationship and connections is preserved for children.**

### **1. Trends in Permanency Data.**

*Have there been notable changes in the individual data elements in the two permanency data profiles in Section 3 over the past 3 years in the state? Identify and discuss any factors affecting the changes noted and the effects on permanency for children in foster care in the state.*

As with the Safety Data Profile, trends cannot be determined due to variables introduced through the recent implementation of FOCUS, IDHW's child welfare information system.



However, a number of changes in law and policy have occurred. One significant change was the 2001 implementation of revisions in Child Care Licensing Administrative Rules. Currently all foster homes, including relative and non-relative, must be licensed.

In 1999, IDHW along with the Idaho Supreme Court began a partnership to improve court practices in cases of child protection, adoption, and in cases where children were placed in foster care. The committee applied for and received a Federal Court Improvement Grant establishing the Supreme Court Committee to Reduce Delays for Children in Foster Care. With IDHW and judicial representation from each of the regions, the committee works toward establishing processes and procedures which will assure timely permanency for children. Some of the committee's achievements in improving permanency for children include:

- The Committee proposed a bill amending the Child Protective Act to bring it into compliance with the federal Adoption and Safe Families Act. More specifically, the amendment provided for the following hearings to be conducted by the court: six-month periodic review of cases, permanency hearings, pre-trial conferences, and case planning hearing.
- A statewide assessment of judicial rules and their effectiveness in cases involving children was completed. The assessment paid particular attention to ensuring that judicial processes are consistent with a child's development and sense of time.
- During 2001-2002, the committee developed a Benchguide and Forms Manual that was distributed on CD to individuals throughout the state who are involved in child welfare cases.
- During 2001-2002 magistrate judges conducted regional trainings on the new legislation, explaining what was expected at each hearing or conference and in related court orders.

### **Summary**

Idaho is unable to compare data elements to determine changes because of data fluctuation attributed to the introduction of a new information system. We do identify a partnership with the Idaho Supreme Court, the Supreme Court Committee to Reduce Delays for Children in Foster Care, as having made several significant contributions which have and will affect permanency for children in foster care.

## **2. Foster Care Population Flow (Point-in-Time Data Element I & Cohort Data Element I).**

*Identify and discuss any issues raised by the data regarding the composition of the state's foster care population, rates of admission and discharges, and changes in this area. Discuss the state's ability to ensure that the children who enter foster care in the state are only those children whose need for protection and care cannot be met in their own homes.*

No issues were identified or raised by the data regarding the composition of Idaho's foster care population or rates of admission and discharges. Any increases in first-time foster care entries can be attributed to dramatic increases in population, concentrated

statewide effort by law enforcement to "bust" Methamphetamine labs leaving children alone when parents are incarcerated, and the increased use of methamphetamine by parents causing children to be neglected as their parents spend all of their time procuring or using drugs.

As has been noted previously in this document, only law enforcement and the court have authority to remove a child from parental custody in Idaho. In most cases, the IDHW has the opportunity to assess situations and to make recommendations relevant to the safety of a child. On some occasions, however, IDHW is seen solely as responsible for the placement of the child after a decision has been made to remove the child or, for example, to place a child involved in the juvenile justice system into the Department's custody under the Child Protective Act. IDHW workers do practice with an emphasis on keeping children in their own homes whenever it is safe to do so.

### **Summary**

The state's ability to ensure that children entering foster care are only those children whose need for protection and care is limited by the fact that IDHW is not always involved prior to the child being removed from parental custody by law enforcement. By and large, IDHW social workers do make reasonable efforts to keep children safely in their own homes through the provision of services and supports whenever possible.

### **3. Permanency Types for Children in Foster Care (Point-in-Time Data Element II & Cohort Data Element II).**

*How well is the state able to ensure that children are placed in the types of placement that are the most family-like and most appropriate for their individual needs both at the time of initial entry into foster care and throughout their stay in foster care?*

For FY 2001, 81% of Idaho's foster children were placed in a family foster home, the most family-like setting at the time to meet the child's needs. In the Cohort Profile, 83% of the children were placed in either a pre-adoptive home, relative or non-relative family care, again a home setting. The national rate of family foster care placement is 73%.

Due to a limited number of foster parents, the Department has only a minimal ability to "match" children with available families to meet the child's individual needs. Not having adequate resources from which to select a child's placement does contribute to placement instability. Every effort is made to place children under the age of 12 or 13 into a family home. There are several shelter facilities statewide where youth may be placed temporarily while awaiting placement into a foster home or return home. These children tend to be older youth and often have behavioral issues that are very difficult to manage in a family home. Most institutional placements are placements in a psychiatric facility such as the adolescent treatment program at the state hospital.

Idaho has relatively few residential placement beds available. IDHW's strong family-centered practice philosophy leads staff to prefer that children remain in their own home and community when it is safe to do so. An alternative is to place children in their own

community rather than in a group home that may be some distance from the child's community. This includes psychiatric residential beds which are also limited in number.

### **Summary**

The majority, 81%, of alternate care placements in Idaho are into family foster homes. There are, however, a limited number of foster home beds available at any point in time. Placements in psychiatric residential, psychiatric hospital and group shelter homes is by and large the placement when youth are unable to function in a family environment. In wanting to keep children in the least restrictive and most family-like setting, special staffings by regional Child Review and Placement Teams (CRPT) are held with supervisors prior to placing a child in a group home or institutional setting.

#### **4. Permanency Goals for Children in Foster Care (Point-in-Time Data Elements II & VIII and Cohort Data Elements III & V).**

*Discuss the extent to which children in care are moving safely into permanent living arrangements on a timely basis and issues affecting the safe, timely achievement of permanency for children in the state.*

Reunification is the predominant permanency goal for most children who come into care in Idaho. This is corroborated by data both in the Point-In-Time Permanency Profile and Cohort Data Profile. Most children who come into care will be going home and do not require a concurrent plan. However, the presence of poor prognosis indicators early in the case indicates when concurrent planning with the family is needed. Approximately 95% of children discharged from foster care (in the cohort group) are reunified with their families within 5 months (median). This percentage would be very encouraging were it not for the number of Idaho foster care re-entries and episodes of repeat maltreatment.

FOCUS was originally designed to allow only one permanency goal to be entered into the system. Even when a case had a concurrent plan, the worker could enter only one of the goals into the FOCUS information system. In FOCUS, the permanency goal was accessed from the placement screen. In order to change a permanency goal to accurately reflect case activity, the worker had to change the placement (e.g. foster family to preadoptive family). To avoid recording a new placement, many permanency goals were not changed until after the Termination of Parental Rights and that delay makes the profile data unreliable. FOCUS has made a correction that went into effect January 2003, which allows workers to change the permanency goal without having to change the placement.

Permanency has been a focus of the Idaho State Legislature with ASFA-related changes to the Child Protective Act. Additionally, the courts have trained various groups, including judges, on the importance of permanency and concurrent planning.

Of the approximately 100 youth surveyed for this assessment, the following reflects their perception of their permanency plan. This may or may not be the recorded plan.

Return Home	17	(24%)
Legal Guardianship with relative	0	----
Legal Guardianship with non-relative	0	----
Adoption by relative	1	(1%)
Adoption by non-relative	7	(10%)
Permanent placement with other parent	0	----
(long term) Foster care with relative	4	( 6%)
(long term) Foster care with non-relative	34	(48%)

### **Summary**

The vast majority of children are moving from foster care and being reunified with their families within 5 months. The court makes the determination if a child is placed into legal custody at the adjudicatory hearing and also makes the determination when a child goes home or to another permanent placement. Idaho's strong values of family sanctity and privacy encourages reunification of children and their families.

### **5. Achievement of Reunification (Point-in-Time Element IX).**

*Discuss whether the state's data regarding achievement of reunification within 12 months from the time of the latest removal from home conform with the national standards for this indicator. Identify and discuss issues affecting conformity and how the state is addressing the issues.*

<b>Measure 4.1 Reunification in less than 12 months</b>	<b>National Standard</b>	<b>Idaho - 2001</b>
	<b>76.2% or more</b>	<b>88.9%</b>

Idaho is in compliance with the standard of reunification within 12 months.

Through the 1980's and 1990's, IDHW worked diligently to train workers to value family reunification. Family preservation has become a value of utmost priority. It is important to recognize that the decision to reunify a child with their family is made by the court, considering recommendations by the guardian ad litem, the public defender, and other involved parties in addition to recommendations made by the Department.

### **Summary**

While Idaho is meeting and exceeding the national standard for reunification within 12 months, this result, in combination with sub-standard rates of re-maltreatment and re-entry into foster care, may not be a positive indicator, overall. Family- centered practice and family reunification are valued and practiced in Idaho. IDHW staff do an excellent job of reunifying families in less than 12 months. Discussion of Measure 4.2, "Foster Care Reentry," will address the possible correlation between children exiting foster care prematurely and then re-entering foster care.

**6. Achievement of Adoption (Point-in-Time Data Element X).**

*Discuss whether the state's data on children exiting foster care to a finalized adoption within less than 24 months from the latest removal from home conform to the national standard for this indicator. Identify and discuss issues affecting the number of children placed for adoption in the state and how the state is addressing the issues.*

<b>Measure 5.1 Adoption in more than 12, but less than 24 months</b>	<b>National Standard</b>	<b>Idaho - 2001</b>
	<b>32% or more</b>	<b>33.6%</b>

Data indicates that Idaho is meeting the national standard for a finalized adoption within less than 24 months from a child's latest removal from home.

Idaho has made consistent efforts to move children to a permanency goal, such as adoption, in a timely manner. Beginning with the original ASFA cohort of children who had been in care for the longest period of time, the adoption program has made significant efforts in the area of individualized recruitment for children with special needs and who are consequently difficult to place. Individualized campaigns have included featuring children on Wednesday's Child (see adoption services in Section II) as well as listing children with multiple state, regional, and national or Internet exchanges. Newspaper articles and personal portraits have been an important additional component to Wednesday's Child. Over this past year, the Department has contracted Wednesday's Child to a Boise-based private agency, Special Needs Adoptive Parent Services (SNAPS).

In 2000, the Department received the DHHS Adoption 2002 Award of Excellence for the greatest increase in adoptions by any state. In the preceding year, Idaho photographer, Terrell Moffitt, received the DHHS Adoption 2002 Award of Excellence for individual contribution.

IDHW works diligently to assist children in achieving permanency. The Department has not been alone in this effort. Idaho's "Supreme Court Committee to Reduce Delays for Children in Foster Care" has partnered with IDHW to expedite permanency for children. The following summarizes activities, through this partnership, to promote permanency:

- In 2001, the "Supreme Court Committee to Reduce Delays for Children in Foster Care" was instrumental in amending Idaho's Child Protective Act to incorporate additional ASFA requirements into law.
- In 2001, the "Supreme Court Committee to Reduce Delays for Children in Foster Care" and IDHW co-sponsored the "Children and Families in the Courts Institute." Over 250 medical, judicial, and social services personnel attended the institute. Training provided through the institute addressed requirements of ASFA and recent changes to the Idaho Child Protective Act.

- In 2002, magistrate judges from the “Supreme Court Committee to Reduce Delays for Children in Foster Care” held trainings in each judicial district emphasizing the importance of timely permanency for children.
- In 2002, the “Supreme Court Committee to Reduce Delays for Children in Foster Care” produced an electronic bench guide which provides instructions on how to comply with ASFA requirements. Additionally, “at-a-glance” cards were provided to judges to remind them of the legal findings required for both reviews and hearings.

Adoption services have been decentralized over the past three years. Placing the responsibility of providing adoption services with regional staff has several advantages including the following:

- The system is more responsive to the needs of children and families, and
- Elimination of the previous backlog and delays in central office while waiting for completion of required documentation.

### **Summary**

Idaho is currently meeting the national standard for adoption in more than 12, but less than 24 months. Partnerships with the Supreme Court, the use of media, and decentralization of adoption services have contributed toward Idaho’s success in this area.

## **7. Termination of Parental Rights (TPR) (Point-in-Time Data Element VI).**

*Discuss the extent to which the state complies with the requirement at section 475(5)(E) of the act regarding termination of parental rights for children who have been in foster care 15 of the most recent 22 months, for abandoned infants, and for children whose parents have been convicted of the listed felonies. Identify and discuss the issues that affect timely termination of parental rights, where appropriate, including the use of the exception to the TPR provisions.*

The national rate of children who have been in care 17 of the most recent 22 months is approximately 53%. Idaho's rate is 26% which is approximately half the national rate. This data reveals that Idaho has a low number of children in foster care who have been in foster care longer than 17 of the last 22 months. This data is consistent with reunification within a short period of time and with short lengths of stay in foster care.

Idaho has identified very few cases of aggravated circumstances leading immediately to a permanency hearing. Children and Family Services developed and implemented an ASFA implementation policy with a section devoted to helping to set a high standard for compelling reasons (not to file for termination of parental rights at 15 out of 22 months). The Children and Family Services policy emphasizes the importance of the appropriate use of compelling reasons. Assisting workers and courts to adhere to a strict interpretation of compelling reasons for each individual child, promotes permanency options other than long term foster care. Idaho's percentage of children with a permanency goal of long term foster care is above the national average - FY 2001 National rate 8.0%, Idaho 10.6%.

While Idaho is exceeding the national standard of measure 5.1 in this area, it is a constant struggle to maintain this level of compliance given the following factors:

- Some courts are reluctant to endorse a permanency plan which includes termination of parental rights (TPR) at the permanency hearing. According to information gathered in this self-assessment, timeframes are being extended or children are receiving court approval to remain in long term foster care.
- It is up to the prosecuting attorney whether or not he/she will file a Petition for Termination of Parental Rights. TPR hearings are time consuming and county prosecuting attorneys may not agree to schedule or hold them. When this happens, the regional Deputy Attorney General may represent IDHW in the TPR process. This can be a resource issue for the prosecuting attorney as well as the deputy attorney general.
- There are times when the judge, at a permanency hearing, may rule to proceed with termination of parental rights but, a second judge, hearing the same case at a later time, may find that there are not adequate grounds for termination.
- TPR appeals can take up to 2 years.
- Some adolescents adamantly oppose the idea of being adopted and, in Idaho, children over the age of 12 years must give their consent to be adopted.

Factors which strengthen Idaho's termination of parental rights process:

- Amendments to Idaho's "Termination of Parental Rights" statute have reduced the waiting time for the filing of a petition for termination from 6 months to 30 days.
- An internal IDHW review of all proposed terminations of parental rights ensures that there is an appropriate plan and that cases are court ready.
- Each Region has established a committee to review permanency planning and outcomes for children.

### **Summary**

Nationally, children are in alternate care longer than children in Idaho and Idaho has a higher percentage of children in care with the goal of long-term foster care. In recent years there have been a number of changes to encourage the timely filing of petitions for termination of parental rights so that children can achieve timely permanence. These include changes in state statute to shorten the waiting time for filing, regional review processes to assure that cases are appropriate and ready for making a recommendation of termination of parental rights at the permanency hearing, more placements of children into relative homes thereby not having to file a termination of parental rights, and clarity about the permanency plan at the permanency hearing so that the IDHW and the family is prepared for meeting the 15 out of 22 months timeframe.

Terminations are time consuming and intensive experiences for everyone concerned. There are times when prosecuting attorneys are reluctant to file a petition for termination and judges are reluctant to grant them. Today it is more common to see regional deputy

attorneys general filing the petitions for termination and working closely with IDHW to move forward.

Idaho will continue to strive to find permanent homes for children and youth of all ages and circumstances.

**8. Stability of Foster Care Placement (Point-in-Time Data Elements IV & XI and Cohort Data Element IV).**

*Using data element XI on the point-in-time permanency profile, discuss whether the percentage of children in the state who have been in foster care less than 12 months and have had more than two placement settings confirms to national standard for this indicator. Using all three data elements noted above, identify and discuss the reasons for the movement of children in foster care in the state. If there are differences in placement stability for children newly entering the system (cohort data) compared with the total population of children in care (permanency data), identify and discuss those issues.*

Measure 6.1 Two or fewer placements in first 12 months of foster care	National Standard	Idaho - 2001
	86.7% or more	81.1%

In an effort to identify why Idaho is not meeting the national standard for this measure, a review of cases where children had two or more out-of-home placement settings within one removal episode was conducted. Cases meeting the following criteria were reviewed:

- Cases where the child was in an out-of-home placement during the period of April 1 to September 30, 2001; and
- Cases where the child had more than one placement setting during that removal episode.

Information gathered through the review of 964 cases meeting the above criteria revealed the following:

- **Case type** - 98% were child protection cases, 2% were children's mental health only cases.
- **Age** - 37% were 6 years and younger, 34 % were 6-12 years old, and 28% were 13-18 years old.
- **Sibling placement** - In 42% of the cases one or more of the child's siblings moved from the same foster home at the same time.
- **Shelter placement** - A placement change from a temporary shelter home to a foster home accounted for 27% of the cases.
- **Reasons for a change of placement** - The child's behavior, mental health concerns, and juvenile justice issues were frequently identified as factors in prompting the child's move from a foster home to another alternate care setting.
- **Change of Placement Errors** -
  - In .4% of cases, a respite placement with the child returning to the same foster home was recorded as a change of placement; and



- In .2%, a home visit with the child returning to the same foster home was recorded as a change in placement.

When 145 foster parents were asked about the top three reasons they believed children were moved in foster care. Three reasons mentioned most frequently, in this order, were:

1. Child's behavior
2. Child's needs exceed foster parents' ability to meet them
3. Lack of support/communication from the child's social worker

When 100 foster youth were asked, "Why do you think you had to move from one home to another?" well over half of the youth responded that they were moved as a result of their behavior. Forty-five percent of the youth reported that they had stayed in 3 or fewer homes. Thirty percent had stayed in 2 or fewer homes.

### **Summary**

Idaho continues to be challenged with a limited number of foster homes. While recruitment and training are given a priority, it is difficult to maintain a sufficient number of trained and experienced foster home resources. From our review of cases, it is apparent that foster parents frequently ask that children be moved from their home due to difficulty managing the child's behavior. The case review also revealed that initially placing children in shelter homes contributes to the number of moves a child may experience while in foster care.

### **9. Foster Care Re-Entries (Point-in-Time Data Elements V & XII)**

*Using data element XII, discuss whether the percentage of children who entered foster care during the period under review who had a prior entry into foster care within 12 months of a prior foster care episode conforms to the national standard for this indicator. Using both data elements, discuss the extent of foster care re-entries for all children in the state's placement and care responsibility, the issues affecting re-entries, and how the state is addressing the issues.*

Measure 4.2 Foster care reentry within 12 months	National Standard	Idaho - 2001
	8.6 or less	11.9%

A report was obtained from FOCUS identifying cases in which children were in foster care during the period of April 1 to September 30, 2001, and the children had at least one prior removal episode within 12 months of the current removal episode resulting in placement during the specified time period. The report yielded the identity of 220 cases. These numbers are reported as number of individual children, not number of families.

The report listed 220 cases in which a child had multiple removals from home. Of the 220 children, 22 cases, or 10% of the reentry episodes, were data errors. Further analysis of the data revealed the following information regarding children with multiple foster care placements:

- 47% were age 12 and younger, 53% were age 13 and older;
- 54% were boys; 46% were girls;
- 54% re-entered foster care for the same reason as the initial referral;
- 52% re-entered because of abuse or neglect by the same perpetrator;
- 35% of the children had been assessed using the risk re-assessment specifically designed to determine the level of risk in the child's home at the point of reunification;
- In 45% of the re-entries, a sibling also returned to care; and
- For 34% of the children who re-entered, behavior, juvenile justice issues, or the child's mental health were factors in the removal.

In a detailed examination of this group, it is clear that many of the re-entries into care happened during the six-month period following reunification. In Idaho, a judge will typically send a child home under the Protective Supervision of IDHW. Under Protective Supervision, the court maintains jurisdiction over the case and the IDHW is responsible for developing and implementing a case plan which includes monitoring the safety and well-being of the child. IDHW is responsible for submitting reports to the court and may initiate a hearing if the child's safety is at risk. IDHW does not, however, have the authority to remove the child from the home. Even when IDHW has Protective Supervision over the child, removal of the child from the parents' custody can only occur if the court orders the child's removal or if the child is declared in imminent danger by law enforcement. If the child is removed from their parents' custody while the child is under Protective Supervision, that removal is considered to be a new removal.

In Idaho, the median length of stay in foster care, 11.1 months, is significantly less than the national median of 19.5 months. Unlike other states, Idaho has few court ordered extended home visits where the child returns home for a trial visit while the state retains custody. In Idaho, the child's legal status is changed from protective custody to protective supervision. Under protective supervision, the child must be, again, determined to be in imminent danger before they can be removed from parental custody and returned to foster care. Not using extended home visits and the requirement for a new declaration of imminent danger may be adversely impacting Idaho's re-entry rates, at least in comparison to a national rate.

IDHW workers address why they think it is safe for a child to be reunified in their report to the court and judges review that rationale before issuing an order for the child to be returned to their home. However, as the worker considers reunification, they are not necessarily using the reassessment instrument, designed to assist in assessing the advisability of reunification or case closure, as a basis for their recommendation. IDHW workers state that they consistently re-assess risk informally and include information in their court reports, but do not formally document their findings using the re-assessment tool. One of the primary values of the re-assessment tool is that it is the same instrument which assessed risk as the child entered foster care and helped determine the objectives of the family's plan.

Children's mental health cases also provide additional complexity to these data. In reviewing cases, a pattern was detected where a child is voluntarily placed in out-of-home-care for mental health services. When the child reaches maximum benefit from clinical services, attempts to return the child to their parents' home were, at times, met with refusals from parents afraid to have their child placed back in their home. Examples included parents refusing to pick up their child from a hospital or residential facility. The parents were then subject to being found neglectful of their child under the Child Protective Act. These cases tend to escalate repeatedly and can result in re-entry into foster care which may contribute to Idaho's foster care re-entry rate.

### **Summary**

Idaho's rate of foster care re-entry at 11.9% exceeds the national standard of 8.6% or less. Factors identified as influencing Idaho's re-entry rate include the following:

- The difficult-to-manage behaviors of children placed in foster care;
- The use of Protective Supervision rather than extended home visits during reunification;
- Inconsistent use of a formal reassessment tool by IDHW workers as a basis for recommending reunification to the court; and
- The fact that children's mental health cases seem to result in multiple (re-entries) placements.

#### **10. Length of Stay in Foster Care (Point-in-Time Data Element VII & Cohort Data Element VI).**

*Using data element VI in the cohort data profile, discuss how length of stay in foster care for first-time foster care entries in the state compares with the national standard for this indicator (although this indicator is not used to determine substantial conformity).*

*Examining the data on length of stay in both profiles, identify and discuss factors affecting length of stay in foster care and how the state is addressing the issues. If there are differences in the length of stay between children newly entering foster care in the state (cohort data) and the total population of children in care(permanency data), identify and discuss the reasons.*

Median Length of Stay in Foster Care	National Standard Point in Time 2001	Idaho Point in Time 2001
	19.5 months	11.1 months

Median Length of Stay in Foster Care	National Standard First Time Entry Cohort 2001	Idaho First Time Entry Cohort 2001
	None	4.9

Idaho data reflects a shorter length of stay in foster care than the national standard for the Point in Time data.

Of the children entering foster care for the first time in the first 6 months of FY 2001, 95% were either reunified with their parents or went to live with a relative. The median length of stay in foster care of 4.9 months for children entering care for the first time can be attributed to the high number of children being reunified with their family after a brief stay in foster care. In some instances, children are placed in the temporary custody of IDHW by law enforcement before IDHW has the opportunity to work with the family. Oftentimes, IDHW is successful in providing services or interventions which reduce risk to children within days or weeks of the child entering foster care. The court will typically return children to their parents' custody upon the recommendation of IDHW when that recommendation is supported by successful interventions or the provision of services. Additionally, arrangements are oftentimes made for children to live temporarily or permanently with other relatives under protective supervision.

Children in care on the last day of FY 2001 had a median length of stay of 11.1 months. Situations that involve issues that can be resolved quickly result in children leaving foster care after a brief length of stay. Situations involving risk factors that are more difficult to resolve require children to remain in foster care for a longer period of time. This would account for the low median length of stay for the Cohort data and the longer length of stay for the Point in Time data.

### **Summary**

Idaho is below the national standard for median length in stay in foster care. Our first time entry, cohort, data also reflects a short length of stay in foster care. Contributing to these lengths of stay is the use of protective supervision in reunifying families. Additionally, some children are being placed in the temporary custody of IDHW before IDHW has the opportunity to work with the family and IDHW involvement allows for a quick reunification. It is recognized that Idaho is exceeding the national standard for repeat maltreatment and foster care reentry. Perhaps the CFSR site reviews can assist in determining the relationship between repeat maltreatment, foster care re-entry, and the length of stay in foster care.

#### **11. Other Permanency Issues.**

*Discuss any other issues of concern, not covered above or in the data, that affect the permanency outcomes for children and families served by the agency.*

There are no additional issues of concern regarding permanency.

### **C. Child and Family Well-Being**

**Outcome WB1: Families have enhanced capacity to provide for their children's needs.**

**Outcome WB2: Children receive appropriate services to meet their physical and mental health needs.**

**Outcome WB3: Children receive adequate services to meet their physical and mental health needs.**

During 2002, the Child and Family Service Continuous Quality Improvement (CQI) review tool was implemented in all regions. Regional staff agreed to complete reviews on 5% of all cases, both risk assessments only and out-of-home placement cases. File/FOCUS documentation was used to review the case. The Regional Continuing Quality Improvement review team included supervisors and workers.

Instruments submitted by Regional Continuing Quality Improvement teams were reviewed to address all questions within the Well-Being section of this self-assessment. Data provided and referenced in Questions 1-4 of this section was obtained from the review of CQI instruments.

Not all regions submitted their CQI instruments for review and inclusion. A total of 59 review instruments completed between January 1 and October 31, 2002, were reviewed. Risk assessment only cases were deleted and only out-of-home placement reviews were included in this analysis.

For the purposes of this self-assessment, questions marked as “don’t know” “can't determine” “no documentation” or “blanks” on the review instrument were not included in the calculation of compliance. Questions answered “not applicable” were also excluded from the calculation. Percentage of compliance was calculated by dividing the number of “yes” responses by the combined total of “yes” and “no” responses.

Cautions about these results should be noted. A small percentage of cases are represented by the 59 responses. They are not a random sample or necessarily a representative sample. The difficulties reviewers had in consistently completing the forms made summarization of the results questionable. Many items, including ratings for the indicators were left blank. This may also result in slightly inflated percentages as many of the rejected responses may well have been “no.” It was assumed that if the response was “yes” that it would have been so noted.

**1. Frequency of Contact between Caseworkers and Children and their Families.**

*Examine any data the state has available about the frequency of contacts between caseworkers and the children and families in their caseloads. Identify and discuss issues that affect the frequency of contacts and how the frequency of contacts affects the outcomes for children and families served by the state.*

At least monthly face-to-face contact with the child in the child's placement is required by IDHW administrative rule. A number of factors affect a worker's ability to maintain regular contact with children in foster care. Factors reported by workers and their supervisors included: Not enough time, visits are not convenient for the foster family, children are in school all day, and children and foster parents are doing fine. Some foster families live at a distance from “town” making travel challenging, especially in winter months.

The following information was provided through the review of CQI instruments as described in the beginning of the Child and Family Well-Being section:

### **Caseworker-Child Visits**

The most typical pattern of visitation between caseworkers and child(ren) on their caseload, based on case reviews, was as follows:

<b>Weekly</b>	<b>Bi-Weekly</b>	<b>Monthly</b>	<b>&lt;Monthly *</b>
39%	18%	27%	16%

\*When visits occurred less frequently than monthly, the frequency was reported to be consistent with the needs of the child(ren) in 44% of the cases reviewed. In this sample 44% may be as few as 1 or 2 cases. These may be out-of-state cases which require only annual visits by the Idaho worker.

### **Caseworker-Parent Visits**

<b>Weekly</b>	<b>Bi-Weekly</b>	<b>Monthly</b>	<b>&lt;Monthly*</b>
32%	24%	20%	24%

\*When visits occurred less frequently than monthly, the frequency of visits was consistent with the needs of the children 50 % of the time. In this sample 24% may be as few as 1 or 2 cases. There may have been extenuating circumstances making contact with the parent(s) more difficult. In some cases, workers may be unable to locate the parent. In other cases, parental rights may have been terminated and no attempt to visit the parent was made.

### **Summary**

Visits between the caseworker and parents of children on their caseload occurred at a frequency of at least monthly 76% of the time and focused on issues pertinent to case planning, service delivery and goal attainment 88% of the time according to the reviews. Contact between caseworkers and children in alternate care was made monthly in 84% of the cases reviewed.

## **2. Educational Status of Children.**

*Examine any data the state has available regarding the educational status of children in its care and placement responsibility. How does the state ensure that the educational needs of children are identified in assessments and case planning and that those needs are addressed through services?*

IDHW administrative rule requires that foster parents be provided with a copy of the Alternate Care Plan for each child. Included on the Alternate Care Plan is the following information: the child's name, the address and telephone number of the child's school,

any change of school for the child, efforts to keep the child in their previous school, the child's grades, any identified need for the child to receive special education services, and the child's school records. A copy of the child's report card and Individualized Educational Plan (IEP) should also be included.

The following information was provided through the review of CQI instruments as described in the beginning of the Child and Family Well-Being section.

Fifty-nine CQI case review summaries of cases, in which children were in out-of-home placement, yielded the following observations:

- **School changes** - Foster children were enrolled in multiple schools as the result of being placed in foster care in 55% of the cases;
- **Special education needs** - Children's special education needs were addressed in 88% of the cases;
- **Educational services** - Services were provided for identified educational needs in 74% of the cases;
- **Early intervention** - Early intervention for preschool children was provided for 60% of the cases needing those services;
- **School records** - School records were included in the case file in 52% of the cases;
- **Educational advocacy** - Advocacy with the educational system was provided when needed in 88% of the cases;
- **Case plans** - Educational needs were included in case planning in 72% of the cases; and
- **Educational information to foster parents** - School records were provided to foster parents in 50% of the cases.

The Self-Assessment Advisory Committee commented that, in their experience, foster children's educational needs may not have been identified when a child is first placed in foster care.

### **Summary**

IDHW documents and monitors the educational needs of foster children through the use of the Alternate Care Plan. A review of 59 cases indicates that in over 80% of the cases, special education needs were addressed and advocacy with the educational system was provided, if needed. Compliance in other areas of educational planning and service provision varied from a low of 50% (providing educational information to foster parents) to a high of 74% (providing needed educational services). Input from the statewide Self-Assessment Advisory Committee was that the low percentage of providing educational information to foster parents could be the result of social workers not having educational information at the time of a child's initial placement in foster care.

### **3. Health Care for Children.**

*Examine any data the state has available regarding the provision of health care, including Early and Periodic Screening, Diagnosis, and Treatment (EPSDT), to children in its care and placement responsibility. How does the state ensure that the physical*

*health and medical needs of children are identified in assessments and case planning activities and that those needs are addressed through services?*

IDHW administrative rules require that every child who enters foster care have an examination by a physician within 30 days of placement, that children's immunizations will be kept current, that a medical/surgical release is signed by the child's parent(s), and that each child's Medicaid benefits be kept current.

Several IDHW regions have initiated partnerships with medical providers in an effort to ensure that foster children have access to health care services. One example is a partnership between Region IV and the St. Luke's Hospital's "Children at Risk Emergency Services (CARES) program." Through this partnership, children receive a medical, dental, and trauma assessment upon entering foster care. A second example is contracting with District Health Departments, by Region I and Region VI, to provide medical assessments, health screening, preventive health care, and medical treatment for foster children.

The following information was provided through the review of CQI instruments as described in the beginning of the Child and Family Well-Being section:

- **Initial health screening** - An initial health screening was provided for foster care upon a child's most recent entry into foster care in 76% of the cases. It was provided in accordance with the timeframe specified in the state's guidelines in 79% of the cases.
- **Preventive health care** - Preventive health care was addressed in 77% of the cases, partially addressed in 12% of the cases, and not addressed in 12% of the cases.
- **Preventive dental care** - Preventive dental care was addressed in 58% of the cases, partially addressed in 19% of the cases, and not addressed in 22.6 percent of the cases.
- **Immunizations** - Immunizations were current in 78% of the cases, partially complete in 10% of the cases, and not addressed in 12% of the cases.
- **Treatment of health needs** - Treatment for identified health needs was provided in 67% of the cases, partially provided in 17% of the cases, and not addressed in 16% of the cases.
- **Treatment of dental needs** - Treatment for identified dental needs was provided in 46% of the cases, partially provided in 8% of the cases, and not addressed in 46% of the cases.
- **Health records to foster parents** - Health records were provided to foster parents in 65% of the cases, some but not all records were provided in 16% of the cases, and records were not provided to foster parents in 19% of the cases.



There are many qualifiers on the results of these data and the data should be accepted as an indicator and not as a true measure. Many of the self-assessment advisory committee members indicated that they believed the percentage of children receiving health screenings, preventive health care, dental care and immunizations from the CQI data was higher than the data revealed.

### **Summary**

IDHW has initiated several contracts in an effort to secure medical evaluation and treatment for foster children. The review of a sampling of cases indicates that health care is not being provided at the level required by administrative rule. However, the statewide Self-Assessment Advisory Committee expressed the opinion that the data might be low and not an accurate reflection of the level of health care provided.

#### **4. Mental Health Care for Children.**

*Examine any data the state has available regarding the mental health needs and status of children in its care and custody. How does the state ensure that the mental health needs of children are identified in assessments and case planning activities and that those needs are addressed through services?*

The following information was provided through the review of CQI instruments as described in the beginning of the Child and Family Well-Being section:

- **Initial mental health screening** - An initial mental health screening or assessment was provided to children upon their most recent entry into foster care in 64% of the cases. In many of the cases reviewed the children were infants or very young toddlers. At this age, issues present and are largely assessed through developmental screening.
- **Meeting mental health needs** - The agency addressed children's mental health needs through an assessment or screening in 81% of the cases, partially assessed or screened mental health needs in 4% of the cases, and did not assess or screen mental health needs in 15% of the cases.
- **Treatment** - Ongoing treatment for identified mental health needs was provided to foster children in 85% of the cases, provided partially in 3% of the cases, and not provided in 12% of the cases.

The Self-Assessment Advisory Committee commented that they believe approximately 50% of children entering foster care receive an initial mental health screening or assessment. Variables include the child's age and the availability of mental health resources.

As discussed earlier, Children's Mental Health is integrated with Children and Family Services. The Children's Mental Health Services Act provides for both voluntary and involuntary modes of treatment. CMH does not provide direct treatment services, and many children are eligible to access mental health services in most communities with

their Medicaid benefits. CMH prior authorizes intensive treatment services through Medicaid or state general funds for those children who are eligible.

### **Summary**

A review of 59 CQI instruments was completed in an effort to obtain data on the identification of mental health needs and the provision of mental health services for children in the state's care and custody. Data obtained indicates that an initial mental health screening was completed on 64% of the cases, that mental health needs were assessed in 81% of the cases, and mental health treatment was provided for youth with identified need in 85% of the cases.

### **5. Other Well-Being Issues.**

*Discuss any other issues of concern, not covered above or in the data, that impact on the well-being outcomes for children and families served by the agency.*

There are no additional issues of concern regarding well-being issues.

## SECTION V

### STATE ASSESSMENT OF STRENGTHS AND NEEDS

**1.** *What specific strengths of the agency's programs has the team identified?*

- Z The FOCUS information system has increased IDHW's ability to supervise casework, track case timelines, and has dramatically increased worker and supervisor accountability. Although difficulties remain with the amount of system down time, lack of resources to make changes to the system, and limited reporting capacity, FOCUS does meet the requirements outlined for an information data based system.
- Z IDHW has invested a great deal of resources in developing and implementing the current risk assessment methodology. As a result of the training to this method of risk assessment, workers appear to be doing a good job at making initial risk assessments.
- Z The recently implemented Continuous Quality Improvement process promotes evaluation of practice with immediate feedback both for the worker and the larger system.
- Z Family and Community Services has had positive experiences with public participation/involvement such as the revision of Child Care Licensing Rules.
- Z Idaho's "Supreme Court Committee to Reduce Delays in Foster Care" is very involved in ASFA implementation and training. Additionally, judicial oversight has been written into Idaho statutes.
- Z Current administrative rules and policy provide a good foundation and clear direction in most areas.
- Z Permanency hearings, in general, seem to be helpful in monitoring and expediting permanency for children.
- Z The "New Worker Academy" and other trainings are open to community partners. These trainings help to increase understanding of the child welfare system and promote partnerships with IDHW.
- Z The Community Resources for Families Program is a positive and effective child abuse and neglect prevention program through partnership with school districts.

- Z Idaho has been successful in increasing the number of completed adoptions and in shortening the time to adoption finalization through the use of broad spectrum individualized recruitment plans.
- Z IDHW has established good relationships with community partners.
- Z IDHW has recently revised Child Care Licensing Standards that provide additional protections for children in foster care.
- Z IDHW is in the early stages of a foster care training and recruitment campaign emphasizing recruitment of ethnically diverse persons and a standardized foster parent training curriculum.
- Z Idaho's Statewide Child Mortality Review Team conducts retrospective reviews of child deaths in Idaho. Information from these reviews helps to guide public policy toward reducing the number of child fatalities.
- Z Foster care appears to be safe for foster children in Idaho.

**2.    *What specific needs has the team identified that warrant further examination in the onsite review? \*Note which of these needs are the most critical to the outcomes under safety, permanency, and well-being for child and families in the state?***

- Factors influencing and the relationship between rates of repeat maltreatment, re-entry into foster care, length of stay in foster care, and foster care moves. \*
- Factors influencing the provision of effective services.\*
- As an integrated child welfare system unlike many other states, Idaho is interested in the impact of children's mental health cases (and juvenile justice cases in a different department) on Idaho's conformity with national standards. \*
- Differences in how formal (court involved) cases and informal, voluntary, in-home cases are handled.
- The use of practice standards such as the criteria or standard for opening or closing a case.
- Factors influencing the provision of quality case management.ICWA compliance and the provision of culturally relevant services.

**3.    *Which three locations, e.g., counties or regions, in the state are most appropriate for examining the strengths and concerns noted above in the onsite review?***

The following three (3) locations are recommended for selection as review sites:

**Ada County** (FIPS code 16001), **Boise Field Office**, Region IV.

**Nez Perce County** (FIPS code 16069), **Lewiston Field Office**, Region II.

Bannock County (FIPS code 16005), Pocatello Field Office, Region VI.

(Alternate) Kootenai County (FIPS code 16055, Coeur d'Alene Field Office, Region I

**Regional performance on each of the national standards**

**CHILD WELFARE OUTCOMES BY REGION\***

Table V.1 April 1, 2001 to August 31, 2002						
II. Measure	1.1	2.1	4.1	4.2	5.1	6.1
National Standard	6.1% or less	.57% or less	76.2% or higher	8.6% or less	32% or higher	86.7% or higher
Region 1 – Coeur d'Alene	5.7 %	0%	88.7 %	15.2 %	19.0 %	85.8 %
Region 2 – Lewiston	3.9 %	0%	85.3 %	14.9 %	44.4 %	88.9 %
Region 3 – Caldwell	5.4 %	1.8 %	87.8 %	17.1 %	5.9 %	88.1 %
Region 4 – Boise	9.3 %	0%	87.7 %	9.1 %	17.9 %	79.5 %
Region 5 – Twin Falls	10 %	0%	90.4 %	10.6 %	46.2 %	88.2 %
Region 6 – Pocatello	10 %	0%	87.8 %	9.9 %	44.4 %	84.8 %
Region 7 – Idaho Falls	3 %	0%	83.3 %	11.7 %	45.8 %	89.7 %

\* These counts are from the Child Welfare Outcomes report run by field office for April 1, 2001, to August 31, 2002.

Green = passed the standard

Red = failed the standard

Table V.2 April 1, 2002 to September 30, 2002						
III. Measure	1.1	2.1	4.1	4.2	5.1	6.1
National Standard	6.1% or less	.57% or less	76.2% or higher	8.6% or less	32% or higher	86.7% or higher
Region 1 – Coeur d'Alene	0 %	0 %	92.9 %	13 %	0 %	79.3 %
Region 2 – Lewiston	0 %	0 %	100 %	7.7 %	50 %	84.2 %
Region 3 – Caldwell	6.8 %	0 %	85.3 %	20.4 %	0 %	86.1 %
Region 4 – Boise	3.1 %	0 %	83.5 %	5.2 %	0 %	75.6 %
Region 5 – Twin Falls	5.7 %	0 %	81.1 %	6.4 %	25 %	83.5 %

<b>Region 6 – Pocatello</b>	<b>5.8 %</b>	<b>0 %</b>	<b>87.5 %</b>	<b>13.3 %</b>	<b>33.3 %</b>	<b>81.1 %</b>
<b>Region 7 – Idaho Falls</b>	<b>0 %</b>	<b>0 %</b>	<b>95 %</b>	<b>16 %</b>	<b>30%</b>	<b>82.4 %</b>

\* These counts are from the Child Welfare Outcomes report run by field office for April 1, 2002 to September 30, 2002.

Green = passed the standard

Red = failed the standard

### **Boise**

- The City of Boise has experienced a 46.1% increase in population from 1990 to 2000.
- As the fastest growing and largest city in Idaho, the Boise field office is challenged by a large volume of child protections referrals.
- Region IV, Boise, is not meeting the national standard on measures 5.1 and 6.1 for the period of April 1, 2002, to September 30, 2002.
- The Boise office geographically represents the southwestern part of the state.

### **Pocatello**

- The Pocatello field office faces similar challenges as the other larger field offices in Idaho.
- Region VI, Pocatello, is not meeting the national standard on measures 4.2 and 6.1 for the period of April 1, 2002, to September 30, 2002.
- The Pocatello office geographically represents the southeastern part of the state.

### **Lewiston**

- The Lewiston field office has few local service resources.
- Region II, Lewiston, is in compliance with all national standards except measure 6.1 for the period of April 1, 2002, to September 30, 2002.
- The Lewiston office geographically represents the northern part of the state.

### **Coeur d'Alene (alternate site)**

- Kootenai County has experienced a 55.7% increase in population from 1990 to 2000.
- Region I, Coeur d'Alene, is not meeting national standards on measures 4.2, 5.1 or 6.1 for the period of April 1, 2002, to September 2002 or the period of April 1, 2001, to August 31, 2002.
- The Coeur d'Alene office, as located in Region I, geographically represents the northern most part of the state similar to Lewiston.

### **Selection of the following sites may provide insight into issues identified in the state assessment**

#### **Boise**

- As the most populous and most urban city in the state, Boise faces challenges that are unique compared with other areas of the state.
- We would like to explore options for improving practice and expanding the capacity of the child welfare system while dealing with a high volume of cases.

### **Pocatello**

- Pocatello faces similar challenges as other field offices in Idaho.
- The Sixth Judicial Court system in Bannock County models best practice by conducting six-month reviews and permanency hearings in a timely manner, giving notice to foster parents and permitting foster parents to be heard in court. Timely permanency is a priority with the Bannock County judicial system, and the courts in this area have formed an excellent working relationship with IDHW. We would like to explore the systemic impact of this cooperative partnership and how it could be replicated elsewhere in the state.

### **Lewiston**

- Lewiston appears to have fewer children re-maltreated and complies with the national standard on re-entry of children into foster care. As we consider our program improvement plan, we would like to explore the difference in the case management model that Lewiston field office uses compared to case management practice elsewhere in the state.
- The IdahoTAP model, an IDHW & Casey Family Program partnership, is actively used in this area. This allows Lewiston to provide additional resources to children in out-of-home placement as well as enhanced services to foster families. We would like to explore the impact of these resources on the re-maltreatment of children and stability for children in out-of-home care.
- We would like to explore practice in the Lewiston office to see what is contributing to their success in meeting most of the national standards.
- The Lewiston field office has an excellent working relationship with the Nez Perce Tribe. We would like to explore this collaborative partnership and how it could be used as a model for other areas of the state.

### **Coeur d'Alene (Alternate Site):**

- The Coeur d'Alene field office has a high volume of voluntary out-of-home Children's Mental Health placements. Selection of this field office could provide insight into the impact of these voluntary placements on re-entry and permanency.
- The number of referrals received by the Coeur d'Alene field office is low in comparison with the high number of children placed in out-of-home care.

### **Population diversity and general characteristics of the county**

#### **Boise**

<b>Table V.3      2000 Census</b>			
<b>Population</b>	<b>Number</b>	<b>Percent</b>	<b>% in out-of-home care</b>
Total Population	432,345	100.00%	
Total Hispanics	37,922	8.77%	17.28
White	374,997	86.74%	Approx. 69.36%
Black	2,166	0.50%	2.4%
American Indian & Eskimo	2,694	0.62%	10.78%
Asian	6,152	1.42%	.18%
Hawaiian & Pacific Islander	581	0.13%	--
Other	483	0.11%	--

Boise has no tribe located near Ada County. At times, however, the Boise field office serves children and families affiliated with Idaho tribes especially the Shoshone-Paiute tribes and the Shoshone-Bannock tribes as well as other tribes nationwide.

### **Pocatello**

<b>Table V.4 2000 Census</b>			
<b>Population</b>	<b>Number</b>	<b>Percent</b>	<b>% in out-of-home care</b>
Total Population	75,565	100.00%	
Total Hispanics	3,540	4.68%	9.81%
White	67,636	89.51%	Approx. 69.22%
Black	411	0.54%	2.46%
American Indian & Eskimo	1,996	2.64%	17.28
Asian	732	0.97%	1.23
Hawaiian & Pacific Islander	121	0.16%	--
Other	71	0.09%	--

The Fort Hall Reservation, home to the Shoshone-Bannock Tribes, is very near Pocatello. The Northwestern Band of the Shoshoni Nation has no reservation lands, but is headquartered at Pocatello. IDHW invites members of both tribes to local trainings. Additionally, representatives from the tribes are notified regarding hearings and invited to meetings where cases involving Indian children are discussed. The Pocatello field office consults with tribal social services around cultural issues. Tribal social workers have attended IDHW's "New Worker Academy" and IDHW staff have been invited to participate in training sponsored by the tribes. The Shoshone-Bannock Tribes receive funding through IDHW to enhance their services to tribal children; i.e., Social Services Block Grant.

### **Lewiston**

<b>Table V.5 2000 Census</b>			
<b>Population</b>	<b>Number</b>	<b>Percent</b>	<b>% in out-of-home care</b>
Total Population	37,410	100.00%	
Total Hispanics	721	1.93%	1.4%
White	33,880	90.56%	Approx. 89.39%
Black	101	0.27%	--
American Indian & Eskimo	1,908	5.10%	9.21%
Asian	244	0.65%	--
Hawaiian & Pacific Islander	24	0.06%	--
Other	23	0.06%	--

The Nez Perce Indian Reservation is located in this area. Over the years the Nez Perce County CFS office and Nez Perce Social Service staff from the Nez Perce Tribe have worked closely together to meet the needs of Native American families. The supervisor of the IDHW, Children and Family Services office in Lewiston is a member of the Tribal Child Protection Team and a staff person from Nez Perce Social Services (NPSS) attends the Nez Perce County Multi-Disciplinary Team meetings. Tribal social workers have attended IDHW's "New Worker



Academy” and IDHW staff have been invited to participate in tribally sponsored training. NPSS is notified of any child welfare referrals involving a Native American family and NPSS makes the decision as to whether they want IDHW to investigate and serve the family or whether the tribes wants to handle the investigation and provide follow-up services. In those cases involving non-Nez Perce enrolled American Indian families NPSS refers them to IDHW. The Nez Perce Tribe receives funding through the Department of Health and Welfare to enhance their services to tribal children.

Additionally, the collaboration between the Nez Perce Tribe and the Idaho Technical Assistance Program supports children of the Nez Perce Tribe who live away from their parents and encourages them to be deeply connected to their family, culture, traditions, and community.

#### **Coeur d'Alene (alternative site)**

<b>Table V.6 2000 Census</b>			
<b>Population</b>	<b>Number,</b>	<b>Percent</b>	<b>% in out-of-home care</b>
Total Population	108,685	100.00%	
Total Hispanics	2,528	2.33%	--
White	102,570	94.37%	Approx. 91.9%
Black	176	0.16%	1.2%
American Indian & Eskimo	1,260	1.16%	6.9%
Asian	527	0.48%	--
Hawaiian & Pacific Islander	64	0.06%	--
Other	70	0.06%	--

A small portion of the Coeur d'Alene Indian Reservation is located in this county. However, the majority of the Coeur d'Alene Tribe is located in Benewah County. Therefore, the Coeur d'Alene office does not have many referrals involving tribes.

#### **Urban/Rural Characteristics**

##### **Boise**

- The city of Boise, Ada County, is the largest urban area in Idaho, located in southwestern Idaho with a population of 300,904 (figures taken from 2000 U.S. Census).
- Ada County includes 1,055 square miles.
- According to the 2000 U.S. Census, 7.7% of the population of Boise, Ada County, was below the poverty level. During that same period, Boise, Ada County's unemployment rate was 3.9%.
- Due to the urban nature of this county, the majority of family interviews can be done face-to-face in the community.
- Boise presents many of the same urban issues as other large cities in the United States. It is not typical of other cities in Idaho because the Boise field office receives significantly more referrals of child abuse and neglect than other cities in the state that are considered mid-sized.

##### **Pocatello**

- The city of Pocatello, Bannock County, is a mid-sized city, located in southeastern Idaho with a population of 75,565 (figures taken from 2000 U.S. Census).

- Bannock County geographically covers 1,113 square miles.
- The areas adjacent to Pocatello are rural and agricultural. Migrant workers often travel from Mexico to work in the fields and may remain in the area year round.
- According to the 2000 U.S. Census, 13.0% of the population of Pocatello, Bannock County, was below the poverty level. During that same period, Pocatello, Bannock County's unemployment rate was 6.9%.
- The majority of family members and others to be interviewed as part of the Child and Family Services Review can be available for a face-to-face meeting in the Pocatello area.
- Pocatello presents many of the same urban issues as other mid-sized cities in the United States.

### **Lewiston**

- The City of Lewiston, Nez Perce County, is a mid-sized city located in northern Idaho with a population of 37,410. It represents the smallest and most rural region in Idaho (2000 U.S. Census).
- Nez Perce County geographically covers 849 square miles.
- Region II, Lewiston area, has the lowest regional caseload numbers and covers an area that is vast and remote. Social workers in nearby field offices often must travel long distances to serve families and there are limited community services for children and families.
- According to the 2000 U.S. Census, 12.2% of the population in Lewiston, Nez Perce County, was below the poverty level. During that same period, Lewiston, Nez Perce County's unemployment rate was 4.6%.
- Due to the small population and rural nature of Nez Perce County, some travel may be necessary for face-to-face interviews with families involved in the Child and Family Services Review. Telephone interviews may need to be conducted in some cases.
- Nez Perce County is typical of many rural communities in Idaho. It represents characteristics similar to approximately 37 of the 44 counties in Idaho with additional travel and time required to contact families and develop resources to serve them.

### **Coeur d'Alene (Alternate site)**

- The city of Coeur d'Alene, Kootenai County, is a mid-sized city, located in northern Idaho with a population of 108,685 (figures taken from 2000 U.S. Census).
- Although Coeur d'Alene is surrounded by vast unpopulated alpine areas, it is only 50 miles east of Spokane, Washington which has a population of 417,939.
- There is no commercial air line service to Coeur d'Alene so visitors must fly into Spokane, rent a car, and drive approximately 45 minutes to reach their destination.
- Tourism is Coeur d'Alene's biggest industry.
- Kootenai County encompasses 1,245 square miles.
- According to the 2000 U.S. Census, 10.5% of the population in Couer d'Alene, Kootenai County, was below the poverty level. During that same period, Couer d'Alene, Kootenai County's, unemployment rate was 7.8%.
- The majority of family members and others to be interviewed as part of the Child and Family Services Review can be available for a face-to-face meeting in the Coeur d'Alene area.
- The Coeur d'Alene area presents many of the same urban issues as other mid-sized cities in Idaho.

## **Community Partnerships and Resources**

### **Boise**

- The Community Resource for Families Program (school prevention program) originated with a partnership between the Boise IDHW office and the Boise City School District. The Boise field office continues to have an excellent working relationship with schools.
- Boise has cultivated strong working relationships with local hospitals, schools, and the Casey Family Program.
- In partnership with St. Luke's Hospital's Children at Risk Emergency Services (CARES) program, the Boise field office has established a "child well-being" clinic where every child in out-of-home care receives a trauma and medical/dental evaluation upon entering foster care.
- In partnership with the Boise School District and the Ada County Child Protection Multi-Disciplinary Team, IDHW provides "Community Resource" classes. These classes provide information to members of the community on processes and procedures used by agencies involved in the child protection system.
- The Boise field office contracts with the Ada County Sheriff's Department to have a law enforcement officer stationed in the office. The assigned deputy sheriff is available to accompany workers on home visits and assist workers in assessing imminent danger situations.
- The Fourth Judicial District in Ada County (Boise) has difficulty calendaring the large number of required child protection hearings. Idaho's court improvement project is working to expedite permanency in the courts by hiring an additional part-time judge in Boise. The court improvement project is also looking at other court models to determine how to handle Boise's volume of cases.

### **Pocatello**

- Through a contract with Southeastern District Health, a nurse is assigned to the Pocatello field office. The nurse meets with the child welfare team daily to assess and assist with the health and safety needs of families who come to the attention of IDHW.
- In-home and out-of-home services are provided to families through a contract with Bannock Youth Foundation. Through this contract, Bannock Youth Foundation provides transportation for families, parent education, and in-home counseling.
- The judicial system in Pocatello holds all required child protection reviews and hearings and is a leader in the state in the implementation of ASFA.
- Pocatello Woman's Correctional Institution, the only correctional facility for women in Idaho, is located in Pocatello. Children and Family Services in Pocatello becomes involved when babies are born to women who are incarcerated in that facility.

### **Lewiston**

- Lewiston has a strong Community Resources for Families program (a partnership with Lewiston School District).

- Lewiston was a pilot site for the Idaho Technical Assistance Program (a partnership with Casey Family Program).
- Nez Perce County court system has three magistrates who hear cases involving children. The same judge carries a case until it is closed.

#### **Coeur d'Alene (Alternate Site)**

- IDHW contracts with the Panhandle Health District to assess and offer services to families to ensure the health and well-being of children.
- In July 2002, the Kootenai County courts initiated a single judge model to hear cases involving children. As a result of the “one judge-one case” model, the court is challenged in scheduling the multiple reviews and hearings mandated by the Idaho Child Protective Act.

#### **Service Population \***

##### **Boise**

- Of the total number of children placed in out-of-home care between April 1, 2002 and September 30, 2002, 24.7% were in Ada County, Boise (491 children).
- We are unable to identify the number of in-home cases in this county.
- There were 1,895 referrals of child abuse or neglect received by the Boise office between April 1, 2002, and September 30, 2002.

##### **Pocatello**

- Of the total number of children placed in out-of-home care between April 1, 2002, and September 30, 2002, 5.17% were in Bannock County, Pocatello (103 children).
- We are unable to identify the number of in-home cases in this county.
- There were 632 referrals of child abuse or neglect received by the Pocatello office between April 1, 2002, and September 30, 2002.

##### **Lewiston**

- Of children placed in out-of-home care between April 1, 2002, and September 30, 2002, 1.86% were in Nez Perce County, Lewiston (37 children).
- We are unable to identify the number of in-home cases in this county.
- There were 328 referrals of child abuse or neglect received by the Lewiston office between April 1, 2002, and September 30, 2002.

#### **Coeur d'Alene (Alternate Site)**

- Of the total number of children placed in out-of-home care between April 1, 2002, and September 30, 2000, 7.96% were in Kootenai County, Coeur d'Alene (158 children).
- We are unable to identify the number of in-home cases in this county.
- There were 333 referrals of child abuse or neglect received by the Coeur d'Alene office between April 1, 2002, and September 30, 2002.

\* The number of child protection referrals was taken from the Child Protection Statistical Report, derived from FOCUS, our information data base system.

## **Other site data from data profile or other QA or management reports**

No additional data is currently available to assist with site selection.

### **4.** *Comment on the statewide assessment process in terms of its usefulness to the state, involvement of the entire review team membership, and recommendations for revision.*

Idaho established a self-assessment advisory committee composed of stakeholders representing a wide range of agencies and community partners throughout the state. The advisory committee met three times to review and provide input on the self-assessment. Additionally, safety, well being, systemic, and permanency sub-committees provided input through a series of telephone conference calls. Overall, the input we received confirmed statewide systemic and practice issues and emphasized area-specific issues. A significant benefit of establishing the advisory committee was the strengthening of partnerships through education and increased communication.

In concert with the statewide self-assessment advisory committee, surveys were mailed to stakeholders throughout the state. A total of 1544 surveys were sent to foster parents, magistrate judges, prosecuting attorneys, public defenders, Court Appointed Special Advocates/Guardians Ad Litem, Keeping Children Safe panel members, youth in foster care, and Children and Family Services staff. These surveys provided another opportunity for stakeholders to provide input on IDHW practices and processes.

In an effort to obtain case specific data, cases involving re-maltreatment, re-entry into foster care, and multiple foster care placements were identified through the FOCUS information system. Identified cases were then reviewed by regional staff using a standardized format. Resulting data was analyzed to identify practice and data collection issues that could contribute toward the state not meeting the national standard in those areas. This process provided both those reviewing cases and those analyzing the resulting data with further opportunity to assess practice on both a regional and statewide basis.

The most significant benefit of the self-assessment was the analysis of data as required for the completion of the assessment. This was the first time statewide data has been gathered or used to measure practice and policy compliance. Idaho previously took a more subjective and region-specific look at child welfare practice. The self-assessment has provided the state with both a statewide and national perspective, an assessment of practice based on data, and more clearly defined areas of strength and areas needing improvement. Completing the self-assessment compelled the state to assess practice and systemic issues from a statewide as well as a national perspective. This process has made IDHW staff aware that data is and will be used to measure performance.

Completing the self-assessment provided Idaho with the opportunity to assess the performance of our child welfare system in meeting the needs of children and families. We recognize that more available and easily accessed data would have made the self-assessment process more productive and less time consuming. There is a real need for

additional reports to be provided by the FOCUS system, as much of the individual case data used in the self-assessment had to be hand counted. In retrospect, we should have allowed more time to gather and analyze the data.

In evaluating the over all self-assessment process, we would recommend that States with newly implemented information systems start much earlier than the current time frames suggest.

**5.** *List the names and affiliations of the individuals who participated in the development of the statewide assessment (please specify their role).*

## **Statewide Self Assessment Participants**

### **Community Stakeholders:**

John M Adams, Public Defender  
Kootenai County

Bunny Hodgson  
Keeping Children Safe Panel

Jerrilea Archer, Detective  
Ada County Sheriff's Office

Jerry Hull, Chairman  
NNU Social Science Department

Elaine Broyles, Director  
Latah County Youth Services

Dena Hunt Chapel  
Director, 4<sup>th</sup> District CASA

Hector de Leon, Deputy Director  
Idaho Migrant Council

Senator Grant Ipsen,  
Former Chairman of the Senate Health and  
Welfare Committee

Tracy Everson, Quality Assurance Administrator  
Idaho Youth Ranch

Dr Leah Lamb, Medical Director  
CARES Program – St. Luke's RMC/CARES

Patty Gregory, Director  
Idaho Child Welfare Research & Training Center

Kary Ledbetter  
Foster Parent

Representative Margaret Henbest  
Idaho House of Representatives

Nancy Lopez  
Community Member

William McKee  
Interfaith Council Chairman

Roshel Robey  
Foster Parent

Brian Murray, Magistrate Judge and  
Court Improvement Project Chairman

Phil Robinson, Prosecuting Attorney  
Bonner County

Rob Naftz, Deputy Attorney General  
Region VI – Pocatello

Sue Rose Salmon, Substance Abuse Evaluator  
and Treatment Provider

Linda Payne, Deputy Public Defender  
Kootenai County

Mike Scholl, Director  
Division Operations-Casey Family Program

Charlie Piquet  
Keeping Children Safe Panel

Vicki Simmons, Area Director  
Boise Independent School District

Corie Poulsen  
Mental Health Counselor

Marlene Skunkcap, Director  
Shoshone-Bannock Tribal Social Services

## Department of Health and Welfare Participants:

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CFS Project Manager

Meri Brennan  
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Roxanne Anderson  
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Marlene Bubar  
Region VII, Chief of Social Work

Jeri Bala  
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Vicki Covelli  
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Ann Mattoon  
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Donna Francis  
Region II, Program Manager

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Randy Geib  
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Kathy James  
Region V, Program Manager

Frank Sesek, Deputy Director Administration  
Family & Community Services

Karl Kurtz  
DHW Director

Bill Walker  
Senior Public Information Officer

Frances Lunney  
Region VI, Program Manager

Diane Watson-Martin  
Region VI, Chief of Social Work

Kurt Lyles  
Region III, Regional Director



